2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2025
Secretary of State
9116578776CC

DOCUMENT# L10000129489

Entity Name: PALMETTO ANESTHESIA SPECIALISTS, LLC

Current Principal Place of Business:

265 BROOKVIEW CENTRE WAY
SUITE 203
KNOXVILLE, TN 37919

Current Mailing Address:

265 BROOKVIEW CENTRE WAY, SUITE 203
KNOXVILLE, TN 37919 US

FEI Number: 27-4319641

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MEMBER/MANAGER/PRESIDENT	Title	ASST. SECRETARY
Name	WEISS, JEFFREY DO	Name	STAIR, JOHN
Address	265 BROOKVIEW CENTRE WAY STE 203	Address	265 BROOKVIEW CENTRE WAY, SUITE 203
City-State-Zip:	KNOXVILLE TN 37919	City-State-Zip:	KNOXVILLE TN 37919
Title	ASST. TREASURER	Title	VP, CHIEF CLINICAL OFFICER
Name	BARRACK, JOHN	Name	MESROBIAN, JAMES
Address	265 BROOKVIEW CENTRE WAY, SUITE 203	Address	265 BROOKVIEW CENTRE WAY, SUITE 203
City-State-Zip:	KNOXVILLE TN 37919	City-State-Zip:	KNOXVILLE TN 37919
Title	VP	Title	VP
Name	CORVINI, MICHAEL	Name	EVANS, ROB
Address	265 BROOKVIEW CENTRE WAY, SUITE 203	Address	265 BROOKVIEW CENTRE WAY, SUITE 203
City-State-Zip:	KNOXVILLE TN 37919	City-State-Zip:	KNOXVILLE TN 37919
Title	ASST. TREASURER		
Name	OWENS, LARA		
Address	265 BROOKVIEW CENTRE WAY, SUITE 203		
City-State-Zip:	KNOXVILLE TN 37919		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R STAIR ASSISTANT SECRETARY 04/07/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date