2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2025
Secretary of State
5917289456CC

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Entity Name: ANESTHESIA PHYSICIAN SOLUTIONS OF VIRGINIA, L.L.C.

Current Principal Place of Business:

20 BURTON HILLS BOULEVARD
SUITE 300
NASHVILLE, TN 37215

Current Mailing Address:

20 BURTON HILLS BOULEVARD
SUITE 300
NASHVILLE, TN 37215 US

FEI Number: 82-1864491

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MANAGER	Title	MANAGER
Name	MCRAE, CHARLES	Name	LAVERTY, JOHN
Address	20 BURTON HILLS BOULEVARD SUITE 300	Address	20 BURTON HILLS BOULEVARD SUITE 300
City-State-Zip:	NASHVILLE TN 37215	City-State-Zip:	NASHVILLE TN 37215
Title	MANAGER	Title	MANAGER
Name	OTT, MD, CHRISTOPHER	Name	BRADY, MD, TRICIA
Address	20 BURTON HILLS BOULEVARD SUITE 300	Address	20 BURTON HILLS BOULEVARD SUITE 300
City-State-Zip:	NASHVILLE TN 37215	City-State-Zip:	NASHVILLE TN 37215
Title	MANAGER	Title	MANAGER
Name	JOHNSON, TED	Name	MCCREESH, GLENN
Address	20 BURTON HILLS BOULEVARD SUITE 300	Address	20 BURTON HILLS BOULEVARD SUITE 500
City-State-Zip:	NASHVILLE TN 37215	City-State-Zip:	NASHVILLE TN 37215

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: CHARLES MCRAE MANAGER 04/26/2025

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