

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000127568

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

Current Principal Place of Business:

7700 W. SUNRISE BOULEVARD
MAIL-STOP PL-6
PLANTATION, FL 33322

Current Mailing Address:

7700 W. SUNRISE BOULEVARD
MAIL-STOP PL-6
PLANTATION, FL 33322 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 MEMBER
Name HCA-SHERIDAN, HOLDINGS, LLC
Address 7700 W. SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

Title MGR
Name LAVERTY, JOHN
Address 7700 W. SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

Title MGR
Name JACKSON, BRIAN
Address 7700 W. SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

Title MGR
Name CUFFEE, MICHAEL
Address 7700 W. SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

Title AUTHORIZED REPRESENTATIVE
Name WILSON, CRAIG
Address 7700 W. SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

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: CRAIG A. WILSON

AUTHORIZED PERSON

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date