2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2018
Secretary of State
CC4367439289

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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	MGR	Title	MGR
Name	HOLDEN, CHRISTOPHER	Name	LAVERTY, JOHN
Address	7700 W. SUNRISE BOULEVARD MAIL-STOP PL-6	Address	7700 W. SUNRISE BOULEVARD MAIL-STOP PL-6
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	MGR	Title	MGR
Name	JACKSON, BRIAN	Name	CUFFEE, MICHAEL
Address	7700 W. SUNRISE BOULEVARD MAIL-STOP PL-6	Address	7700 W. SUNRISE BOULEVARD MAIL-STOP PL-6
City-State-Zip:	PLANTATION FL 33322	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 WILSON — AUTHORIZED REPRESENTATIVE — 04/20/2018

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