

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000071860

Entity Name: SUNSHINE STATE ANESTHESIA PARTNERS, LLC

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203

Current Mailing Address:

ONE PARK PLAZA
NASHVILLE, TN 37203 US

FEI Number: 84-5089150

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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	FRANCK II, JOHN M	Name	CUFFE, MICHAEL S.
Address	ONE PARK PLAZA	Address	2000 HEALTHPARK DRIVE
City-State-Zip:	NASHVILLE TN 37203	City-State-Zip:	BRENTWOOD TN 37027
Title	MGR		
Name	WYATT, CHRISTOPHER F		
Address	ONE PARK PLAZA		
City-State-Zip:	NASHVILLE TN 37203		

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 M. FRANCK II

MGR

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date