

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000002419

Entity Name: AMSURG MELBOURNE ANESTHESIA, LLC**Current Principal Place of Business:**1A BURTON HILLS BLVD
NASHVILLE, TN 37215**Current Mailing Address:**1A BURTON HILLS BLVD
NASHVILLE, TN 37215 US**FEI Number:** 47-2109888**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 LIMITED PARTNER
Name THE MELBOURNE ASC, L.P.
Address 1A BURTON HILLS BLVD
City-State-Zip: NASHVILLE TN 37215

Title MANAGER
Name KARTSONIS MD, ATHAN
Address 1A BURTON HILLS BLVD
City-State-Zip: NASHVILLE TN 37215

Title MANAGER
Name MYERS, DON
Address 1A BURTON HILLS BLVD
City-State-Zip: NASHVILLE TN 37215

Title MANAGER
Name TURSE MD, JOHN
Address 1A BURTON HILLS BLVD
City-State-Zip: NASHVILLE TN 37215

Title MANAGER
Name MIRANDA, MILLIE
Address 1A BURTON HILLS BLVD
City-State-Zip: NASHVILLE TN 37215

Title VP
Name SIMPSON, TESSA
Address 1A BURTON HILLS BLVD
City-State-Zip: NASHVILLE TN 37215

Title GENERAL PARTNER
Name AMSURG MELBOURNE, INC.
Address 1A BURTON HILLS BLVD
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: TESSA SIMPSON

VICE PRESIDENT

04/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date