2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2020
Secretary of State
6508623221CC

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Entity Name: SPECIAL ANESTHESIA MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

535 EAST 70TH STREET
NEW YORK, NY 10021

Current Mailing Address:

535 EAST 70TH STREET
NEW YORK, NY 10021 US

FEI Number: 84-2785098

Certificate of Status Desired: Yes

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	MGR
Name	ZAYAS, VICTOR M
Address	110 HAZEL COURT
City-State-Zip:	NORWOOD NY 07648

Title	MGR
Name	LIGUORI, GREGORY A
Address	350 EAST 79TH STREET APT 28D
City-State-Zip:	NEW YORK NY 10075

Title	MGR
Name	KIM, DAVID
Address	10 BRISTOL COURT PO BOX 899
City-State-Zip:	ALPINE NJ 07620

Title	MGR
Name	QUINN, THOMAS J
Address	14 OXFORD ROAD
City-State-Zip:	LARCHMONT NY 10538

Title	MGR
Name	HO, MICHAEL
Address	360 EAST 89TH STREET APT. 24A
City-State-Zip:	NEW YORK NY 10128

Title	MGR
Name	HASKINS, STEPHEN C
Address	188 LUDLOW STREET APT. 19H
City-State-Zip:	NEW YORK NY 10002

Title	MGR
Name	MEMTSOUDIS, STAVROS
Address	135 BINGHAM AVENUE
City-State-Zip:	RUMSON NJ 07760

Title	MGR
Name	BEATHE, JONATHAN
Address	88 LAFAYETTE AVENUE
City-State-Zip:	BROOKLYN NY 11217

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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: VICTOR ZAYAS MANAGER 03/20/2020

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

Authorized Person(s) Detail Continued :

Title	MGR
Name	GARVIN, SEAN
Address	9 WALDO LANE
City-State-Zip:	MANHASSET NY 11030