

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L00000016177

Entity Name: ANESTHESIA ASSOCIATES OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

1220 E VENICE AVENUE
VENICE, FL 34285

Current Mailing Address:

1220 E VENICE AVENUE
VENICE, FL 34285

FEI Number: 65-1071498

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KONDAPALLI, RAVI
825 VENETIAN PARKWAY
VENICE, FL 34285 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 RAJA, JAY
Address 900 EAST PINE ST. STE 215
City-State-Zip: ENGLEWOOD FL 34223

Title MGR
Name FELMAN, ROBERT
Address 1041 RIDGEWOOD AVE
City-State-Zip: VENICE FL 34285

Title MGR
Name DUMAS, PETER
Address 1215 JACARANDA BLVD
City-State-Zip: VENICE FL 34292

Title MGR
Name KONDAPALLI, RAVI
Address 825 VENETIAN PARKWAY
City-State-Zip: VENICE FL 34285

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: RAVI KONDAPALLI

MGR

11/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date