

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007295

Entity Name: JAX ANESTHESIA PROVIDERS, LLC

Current Principal Place of Business:

4800 BELFORT ROAD
JACKSONVILLE, FL 32256

Current Mailing Address:

4800 BELFORT ROAD
JACKSONVILLE, FL 32256

FEI Number: 02-0687052

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ETZKORN, KYLE
4800 BELFORT ROAD
JACKSONVILLE, FL 32256 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: KYLE ETZKORN

02/14/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name ETZKORN, KYLE
Address 4800 BELFORT ROAD
City-State-Zip: JACKSONVILLE FL 32256

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: ETZKORN , KYLE

PRESIDENT

02/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date