

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092814

Entity Name: CRNA ANESTHESIA, LLC

Current Principal Place of Business:

500 S.E. 49TH AVE.
OCALA, FL 34471

Current Mailing Address:

PO BOX 77-2227
OCALA, FL 34477 US

FEI Number: 16-1734130

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROLANDO, NADINE
500 S.E. 49TH AVE
OCALA, FL 34477 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 MGRM
Name ROLANDO, NADINE
Address 500 S.E.49TH AVE.
City-State-Zip: Ocala FL 34471

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: NADINE ROLANDO

CEO

01/23/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date