

**2018 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

MNGR

02/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date