

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092814

Entity Name: CRNA ANESTHESIA, LLC

Current Principal Place of Business:

6900 N.E. JACKSONVILLE RD. SUITE13
OCALA, FL 34479

Current Mailing Address:

6900 N.E. JACKSONVILLE RD. SUITE13
OCALA, FL 34479 US

FEI Number: 16-1734130

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROLANDO, NADINE
516 SE 95 ST OCALA FL 34480
OCALA, FL 34480 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 T.
Address 516 SE 95 ST
City-State-Zip: OCALA FL 34480

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 T. ROLANDO

CEO

03/14/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date