

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092814

Entity Name: CRNA ANESTHESIA, LLC

Current Principal Place of Business:

122 S.E. 31ST TERRACE
OCALA, FL 34471

Current Mailing Address:

PO BOX 77-2227
UNIT 521
OCALA, FL 34477 US

FEI Number: 16-1734130

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROLANDO, NADINE
122 S. E. 31ST TERRACE
OCALA, FL 34471 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 20 NORTH WILDFLOWER DR
City-State-Zip: SANTA ROSA BEACH FL 32459

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: NICHOLE ROBERTS AND CHAD LAROCHE NADINE
ROLANDO

03/02/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date