

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000092814

**Entity Name:** CRNA ANESTHESIA, LLC

**Current Principal Place of Business:**

20 NORTH WILD FLOWER  
UNIT 521  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

20 NORTH WILD FLOWER  
UNIT 521  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 16-1734130

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROLANDO, NADINE  
20 NORTH WILDFLOWER DR  
UNIT 521  
SANTA ROSA BEACH, FL 32459 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:** NADINE T ROLANDO

MNG

03/21/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date