

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000034850

**Entity Name:** DESTIN ANESTHESIA GROUP LLC**Current Principal Place of Business:**36500 EMERALD COAST PARKWAY  
DESTIN, FL 32541**Current Mailing Address:**36500 EMERALD COAST PARKWAY  
DESTIN, FL 32541**FEI Number:** 20-8766228**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRAMM, SUZETTE K CEO  
36500 EMERALD COAST PARKWAY  
DESTIN, FL 32541 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:** SUZETTE GRAMM

04/30/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GULF COAST DIVERSIFIED, INC.  
Address 36500 EMERALD COAST PARKWAY  
City-State-Zip: DESTIN FL 32541

Title MGRM  
Name EMERLAD COAST DIVERSIFIED -  
DESTIN, L.L.C.  
Address 36500 EMERALD COAST PARKWAY  
City-State-Zip: DESTIN FL 32541

Title MGRM  
Name DESTIN PAIN MEDICINE &  
REHABILITATION, LLC  
Address 36500 EMERALD COAST PARKWAY  
City-State-Zip: DESTIN FL 32541

Title MGRM  
Name EMERLAD COAST EYE PARTNERS,  
LLC  
Address 36500 EMERALD COAST PARKWAY  
City-State-Zip: DESTIN FL 32541

*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:** SUZETTE GRAMM

CEO

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date