

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000061716

Entity Name: JEM ANESTHESIA LLC

Current Principal Place of Business:

7591 WENTWORTH DR.
LAKE WORTH, FL 33467

Current Mailing Address:

7591 WENTWORTH DR.
LAKE WORTH, FL 33467

FEI Number: 26-3389763

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOSHER, JEANNE
7591 WENTWORTH DR.
LAKE WORTH, FL 33467 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 MOSHER, JEANNE
Address 7591 WENTWORTH DR.
City-State-Zip: LAKE WORTH FL 33467

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: JEANNE MOSHER

MGRM

02/12/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date