### 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L09000095254

Entity Name: DELRAY ANESTHESIA SERVICES, LLC

### **Current Principal Place of Business:**

7100 W CAMINO REAL SUITE 301 BOCA RATON, FL 33433

## **Current Mailing Address:**

7100 W CAMINO REAL SUITE 301 BOCA RATON, FL 33433

# FEI Number: 27-1052189

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

NORDSTROM, THOMAS 7100 W CAMINO REAL SUITE 301 BOCA RATON, FL 33433 US FILED Mar 10, 2016 Secretary of State CC6219820785

Date

Certificate of Status Desired: No

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
Authorized Person(s) Detail :

Title	CONTROLLER	Title	COO
Name	ZUCKOFF, PETER	Name	MARTIN, JAY
Address	7100 W CAMINO REAL SUITE 301	Address	7100 W CAMINO REAL SUITE 301
City-State-Zip:	BOCA RATON FL 33433	City-State-Zip:	BOCA RATON FL 33433
Title	D	Title	CFO
Title Name	D MURPHY, BRIAN	Title Name	CFO NORDSTROM, THOMAS
			NORDSTROM, THOMAS 7100 WEST CAMINO REAL
Name	MURPHY, BRIAN 7100 W CAMINO REAL SUITE 301	Name	NORDSTROM, THOMAS

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: PETER ZUCKOFF

CONTROLLER

03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date