

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000033345

Entity Name: NITE NITE ANESTHESIA, LLC

Current Principal Place of Business:

11108 SPARKLEBERRY DRIVE
FORT MYERS, FL 33913

Current Mailing Address:

11108 SPARKLEBERRY DRIVE
FORT MYERS, FL 33913

FEI Number: 45-0627498

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAHADEO, ANDY
11108 SPARKLEBERRY DRIVE
FORT MYERS, FL 33913 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 MGR
Name SAHADEO, ANDY
Address 11108 SPARKLEBERRY DRIVE
City-State-Zip: FORT MYERS FL 33913

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: ANDY SAHADEO

CEO

01/15/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date