

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000066036

Entity Name: CORAL RIDGE ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

501 GLADES ROAD
BOCA RATON, FL 33432

Current Mailing Address:

501 GLADES ROAD
BOCA RATON, FL 33432

FEI Number: 45-2474984

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PLOSKER, HARVEY
501 GLADES ROAD
BOCA RATON, FL 33432 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: HARVEY PLOSKER

02/09/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	PLOSKER, HARVEY MD	Name	ASTROVE, ANDREW MD
Address	501 GLADES ROAD	Address	501 GLADES ROAD
City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	BOCA RATON FL 33432

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: HARVEY PLOSKER

MGRM

02/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date