

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000027722

Entity Name: JTA ANESTHESIA, LLC

Current Principal Place of Business:

1330 AUTUMN BREEZE CIRCLE
GULF BREEZE, FL 32563

Current Mailing Address:

1330 AUTUMN BREEZE CIRCLE
GULF BREEZE, FL 32563

FEI Number: 45-4944872

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, JILL
1330 AUTUMN BREEZE CIRCLE
GULF BREEZE, FL 32563 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 JOHNSON, JILL
Address 1330 AUTUMN BREEZE CIRCLE
City-State-Zip: GULF BREEZE FL 32563

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: JILL JOHNSON

OWNER

01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date