

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000064443

Entity Name: BRINA ANESTHESIA LLC

Current Principal Place of Business:

4632 NW 107TH AVE
2002
DORAL, FL 33178

Current Mailing Address:

4632 NW 107TH AVE
2002
DORAL, FL 33178 US

FEI Number: 46-2003630

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIMA, FRANKIE B
4632 NW 107TH AVE
2002
DORAL, FL 33178 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 LIMA, FRANKIE B
Address 4632 NW 107TH AVE
2002
City-State-Zip: DORAL FL 33178

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: FRANKIE LIMA

MGRM

02/17/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date