## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000144994

Entity Name: ANESTHESIOLOGIST III, LLC

**Current Principal Place of Business:** 

12511 WORLD PLAZA LANE

BLDG. #50

FORT MYERS, FL 33907

**Current Mailing Address:** 

12511 WORLD PLAZA LANE

BLDG. #50

FORT MYERS, FL 33907 US

FEI Number: 59-1869309 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HF REGISTERED AGENTS, LLC 1715 MONROE ST. FORT MYERS, FL 33901 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Feb 17, 2015

**Secretary of State** 

CC6408327440

Authorized Person(s) Detail:

Title DIRECTOR Title PRESIDENT

Name MANALILI, SIMEON P Name BISBEE, CHARLES A

Address 12511 WORLD PLAZA LANE Address 12511 WORLD PLAZA LANE

BLDG. #50

FORT MYERS FL 33907 City-State-Zip: FORT MYERS FL 33907

Title VP Title SECRETARY

Name SHUCAVAGE, BERNARD M Name TURNER, ROBERT M

Address 12511 WORLD PLAZA LANE Address 12511 WORLD PLAZA LANE

BLDG. #50 BLDG. #50

City-State-Zip: FORT MYERS FL 33907 City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR Title TREASURER

Name NICOTRA, JOSEPH Name HOMOLKA, CHARLES MJR.

Address 12511 WORLD PLAZA LANE Address 12511 WORLD PLAZA LANE

BLDG. #50

City-State-Zip: FORT MYERS FL 33907 City-State-Zip: FORT MYERS FL 33907

Title DIRECTOR Title DIRECTOR

Name PALMON, SALLY C DR. Name KNICKREHM, JON DR.

Address 12511 WORLD PLAZA LANE Address 12511 WORLD PLAZA LANE

BLDG. #50 BLDG. #50

City-State-Zip: FORT MYERS FL 33907 City-State-Zip: FORT MYERS FL 33907

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: CHARLES A BISBEE PRESIDENT 02/17/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date