

2016 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR, P
Name BISBEE, CHARLES A DR.
Address 12511 WORLD PLAZA LANE
BLDG. #50
City-State-Zip: FORT MYERS FL 33907

Title MGR, VP
Name SHUCAVAGE, BERNARD M DR.
Address 12511 WORLD PLAZA LANE
BLDG. #50
City-State-Zip: FORT MYERS FL 33907

Title MGR, S
Name TURNER, ROBERT M DR.
Address 12511 WORLD PLAZA LANE
BLDG. #50
City-State-Zip: FORT MYERS FL 33907

Title MGR
Name NICOTRA, JOSEPH DR.
Address 12511 WORLD PLAZA LANE
BLDG. #50
City-State-Zip: FORT MYERS FL 33907

Title MGR, T
Name HOMOLKA, CHARLES MJR. DR.
Address 12511 WORLD PLAZA LANE
BLDG. #50
City-State-Zip: FORT MYERS FL 33907

Title MGR
Name PALMON, SALLY C DR.
Address 12511 WORLD PLAZA LANE
BLDG. #50
City-State-Zip: FORT MYERS FL 33907

Title MGR
Name KNICKREHM, JON DR.
Address 12511 WORLD PLAZA LANE
BLDG. #50
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

MGR

03/17/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date