

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000160745

Entity Name: MORRISSEY ANESTHESIA LLC

Current Principal Place of Business:

2900 SE 35TH STREET
OCALA, FL 34471

Current Mailing Address:

2900 SE 35TH STREET
OCALA, FL 34471 US

FEI Number: 46-1638226

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORRISSEY, CATHERINE M
2900 SE 35TH STREET
OCALA, FL 34471 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 PRESIDENT
Name MORRISSEY, CATHERINE M
Address 2900 SE 35TH STREET
City-State-Zip: Ocala FL 34471

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: CATHERINE MORRISSEY

PRESIDENT

05/01/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date