

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000001846

Entity Name: FREEMAN ANESTHESIOLOGY, LLC

Current Principal Place of Business:

4203 W ZELAR STREET
TAMPA, FL 33629

Current Mailing Address:

4203 W ZELAR STREET
TAMPA, FL 33629 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FREEMAN, BOBBIE JO
4203 W ZELAR STREET
TAMPA, FL 33629 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 FREEMAN, BOBBIE
Address 4203 W ZELAR STREET
City-State-Zip: TAMPA FL 33629

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: BOBBIE JO FREEMAN

MANAGER

02/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date