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.

PRESIDENT

SIGNATURE: DEANNA LYN KLINE

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: ICE ANESTHESIA, L.L.C.

Current Principal Place of Business:

26714 WINGED ELM DRIVE WESLEY CHAPEL. FL 33544

DOCUMENT# L14000082396

Current Mailing Address:

26714 WINGED ELM DRIVE WESLEY CHAPEL. FL 33544

FEI Number: 20-3728972

Name and Address of Current Registered Agent:

KLINE, DEANNA L DR. 26714 WINGED ELM DRIVE WESLEY CHAPEL, FL 33544 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	: DEANNA L KLINE	01/15/2020			
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGR	Title	PRESIDENT		
Name	KLINE, JONATHAN P	Name	KLINE, DEANNA LYN DR.		
Address	26714 WINGED ELM DRIVE	Address	26714 WINGED ELM DRIVE		
City-State-Zip:	WESLEY CHAPEL FL 33544	City-State-Zip:	WESLEY CHAPEL FL 33544		

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 15, 2020

Secretary of State

6064640583CC

Certificate of Status Desired: No

01/15/2020

Date