

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000082396

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

**Current Principal Place of Business:**

26714 WINGED ELM DRIVE  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

26714 WINGED ELM DRIVE  
WESLEY CHAPEL, FL 33544

**FEI Number:** 20-3728972

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 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  
Name KLINE, JONATHAN P  
Address 26714 WINGED ELM DRIVE  
City-State-Zip: WESLEY CHAPEL FL 33544

Title PRESIDENT  
Name KLINE, DEANNA LYN DR.  
Address 26714 WINGED ELM DRIVE  
City-State-Zip: WESLEY CHAPEL FL 33544

*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:** DEANNA LYN KLINE

**PRESIDENT**

**06/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date