

2016 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

03/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date