

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000045579

Entity Name: ANESTHESIA HOUSE, PLLC

Current Principal Place of Business:

9099 GRAPHITE CIRCLE
NAPLES, FL 34120

Current Mailing Address:

9099 GRAPHITE CIRCLE
NAPLES, FL 34120

FEI Number: 47-3359685

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VILLARREAL, DAVID A
9099 GRAPHITE CIRCLE
NAPLES, FL 34120 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: DAVID A VILLARREAL

03/21/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name VILLARREAL, HEATHER HOUSE
Address 9099 GRAPHITE CIRCLE
City-State-Zip: NAPLES FL 34120

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: HEATHER VILLARREAL

AMBR

03/21/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date