

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000096861

Entity Name: SERVANT ANESTHESIA SERVICES LLC

Current Principal Place of Business:

9611 N US HWY 1
PMB 313
SEBASTIAN, FL 32958

Current Mailing Address:

9611 N US HWY 1
PMB 313
SEBASTIAN, FL 32958 US

FEI Number: 47-4191172

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPATAFORE, RONALD W
9611 N US HWY 1
PMB 313
SEBASTIAN, FL 32958 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 SPATAFORE, RONALD W
Address 9611 N US HWY 1
City-State-Zip: PMB 313 FL 32958

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: RONALD SPATAFORE

01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date