

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000141104

Entity Name: ST. JOHN'S ANESTHESIA SERVICES, LLC**Current Principal Place of Business:**44 BARKLEY CIRCLE
FORT MYERS, FL 33907**Current Mailing Address:**44 BARKLEY CIRCLE
FORT MYERS, FL 33907 US**FEI Number:** 47-4882954**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**QUGLEY, MARK L QUGLEY
44 BARKLEY CIRCLE
FORT MYERS, FL 33907 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	AUTHORIZED MEMBER	Title	PRESIDENT, SECRETARY, MANAGER
Name	EYE HEALTH OF FORT MEYERS, LLC	Name	QUIGLEY, THOMAS A MD
Address	44 BARKLEY CIRCLE	Address	44 BARKLEY CIRCLE
City-State-Zip:	FORT MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33907
Title	CEO, TREASURER		
Name	QUIGLEY, MARK		
Address	44 BARKLEY CIRCLE		
City-State-Zip:	FORT MYERS FL 33907		

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: MARK QUIGLEY

CEO

02/10/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date