

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000144705

Entity Name: KEY ANESTHESIA LLC

Current Principal Place of Business:

580 CRANCON BLVD
APT 201
KEY BESCAVNE, FL

Current Mailing Address:

580 CRANCON BLVD
APT 201
KEY BESCAVNE, FL

FEI Number: 47-4865529

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KHOURI, ROGER
580 CRANDON BLVD
APT 201
KEY BISCAYNE, FL 33149 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 KHOURI, ROGER
Address 580 CRANDON BLVD
City-State-Zip: KEY BISCAYNE FL 33149

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: ROGER KHOURI

MGR

05/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date