

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000144705

**Entity Name:** KEY ANESTHESIA LLC

**Current Principal Place of Business:**

580 CRANDON BLVD  
APT 201  
KEY BESCAVNE, FL

**Current Mailing Address:**

580 CRANDON BLVD  
APT 201  
KEY BESCAVNE, FL US

**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

01/15/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date