

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000187485

Entity Name: PREFERRED ANESTHESIA CARE LLC

Current Principal Place of Business:

3760 OVERLOOK DRIVE
TALLAHASSEE, FL 32311

Current Mailing Address:

P.O. BOX 5804
TALLAHASSEE, 32314-5804 UN

FEI Number: 81-4097388

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADDERSON, VERONICA C
3760 OVERLOOK DRIVE
TALLAHASSEE, FL 32311 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 PREFERRED ANESTHESIA CARE, LLC
Address P.O. BOX 5804
City-State-Zip: TALLAHASSEE 32314-5804

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: VERONICA ADDERSON

MGR

05/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date