

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000192310

Entity Name: PHOENIX ANESTHESIA, PLLC

Current Principal Place of Business:

1331 N. LAWNWOOD CIRCLE
FORT PIERCE, FL 34950

Current Mailing Address:

1331 N. LAWNWOOD CIRCLE
FORT PIERCE, FL 34950 US

FEI Number: 32-0509928

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRASAD R. KORLIPARA, ANJANAYA
1331 N. LAWNWOOD CIRCLE
FORT PIERCE, FL 34950 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: ANJANAYA PRASAD R. KORLIPARA

01/11/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PRASAD R. KORLIPARA, ANJANAYA
Address 1331 N. LAWNWOOD CIRCLE
City-State-Zip: FORT PIERCE FL 34950

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: ANJANAYA PRASAD R. KORLIPARA

MGR

01/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date