

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000000815

Entity Name: ANESTHESIA ASSOCIATES OF WEST BROWARD, LLC

Current Principal Place of Business:

1526 CARDINAL WAY
WESTON, FL 33327

Current Mailing Address:

1526 CARDINAL WAY
WESTON, FL 33327

FEI Number: 81-4931676

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROCHA, GUILHERME
1526 CARDINAL WAY
WESTON, FL 33327 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 ROCHA, GUILHERME
Address 1526 CARDINAL WAY
City-State-Zip: WESTON FL 33327

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: GUILHERME ROCHA _____

03/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date