

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000073951

**Entity Name:** CENTRAL FLORIDA ANESTHETIST, LLC

**Current Principal Place of Business:**

1127 SE 34TH TER  
OCALA, FL 34471

**Current Mailing Address:**

1127 SE 34TH TER  
OCALA, FL 34471

**FEI Number:** 82-2325726

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROBSON, SCRIBNER & STEWART, PA  
307 NE 36TH AVE  
SUITE #1  
OCALA, FL 34470 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            AMBR  
Name            MOORE, MARY R  
Address        1127 SE 34TH TER  
City-State-Zip: Ocala FL 34471

*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:** MARY MOORE

AMBR

04/29/2018

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

\_\_\_\_\_  
Date