

2019 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

03/19/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date