

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000206908

Entity Name: AZURE ANESTHESIA P.L.L.C.

Current Principal Place of Business:

11822 SOUTHCREST LN
PINEVILLE, NC 28134

Current Mailing Address:

11822 SOUTHCREST LN
PINEVILLE, NC 28134 US

FEI Number: 82-3145973

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES, INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 KHORRAM, CARMEN
Address 11822 SOUTHCREST LN
City-State-Zip: PINEVILLE NC 28134

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: CARMEN KHORRAM

MEMBER

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date