

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000239220

**Entity Name:** DRAGO ANESTHESIA, LLC

**Current Principal Place of Business:**

5301 SILVER LEAF LN.  
SARASOTA, FL 34233

**Current Mailing Address:**

5301 SILVER LEAF LN.  
SARASOTA, FL 34233 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

SCHWARZ, TAMARA J  
5301 SILVER LEAF LN.  
SARASOTA, FL 34233 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 AP  
Name SCHWARZ, JON A  
Address 5301 SILVER LEAF LN.  
City-State-Zip: SARASOTA FL 34233

*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:** JON SCHWARZ

AP

01/10/2018

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

\_\_\_\_\_  
Date