

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000111655

Entity Name: MAJESTIC ANESTHESIA LLC

Current Principal Place of Business:

755 WEST GATE DR.
SAFETY HARBOR, FL 34695

Current Mailing Address:

755 WEST GATE DR.
SAFETY HARBOR, FL 34695 US

FEI Number: 82-5301079

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LARRY J. HERRING, C.P.A., P.A.
611 N. WYMORE RD.
SUITE 100
WINTER PARK, FL 32789 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 MOHAN, ANN E
Address 755 WEST GATE DR.
City-State-Zip: SAFETY HARBOR FL 34695

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: ANN E MOHAN

MGR

03/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date