

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000147703

Entity Name: LUXMED ANESTHESIA, LLC

Current Principal Place of Business:

6421 ROCK CREEK DR
LAKE WORTH, FL 33467

Current Mailing Address:

6421 ROCK CREEK DR
LAKE WORTH, FL 33467 US

FEI Number: 83-0890124

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GREEN, TAMEKA
6421 ROCK CREEK DR
LAKE WORTH, FL 33467 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 CEO
Name GREEN, TAMEKA A
Address 6421 ROCK CREEK DR
City-State-Zip: LAKE WORTH FL 33467

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: TAMEKA A GREEN

CEO

04/30/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date