

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000179166

Entity Name: AFR ANESTHESIA, LLC

Current Principal Place of Business:

3161 PARK MEADOW DRIVE
APOPKA,, FL 32703

Current Mailing Address:

3161 PARK MEADOW DRIVE
APOPKA,, FL 32703

FEI Number: 83-1343975

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RASCON, AILYN
3161 PARK MEADOW DRIVE
APOPKA, FL 32703 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 RASCON, AILYN
Address 3161 PARK MEADOW DRIVE
City-State-Zip: APOPKA, FL 32703

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: AILYN RASCON

CRNA

06/08/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date