

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000063931

Entity Name: RIS ANESTHESIA, LLC**Current Principal Place of Business:**3221 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803**Current Mailing Address:**2125 CRYSTAL GROVE DRIVE
LAKELAND, FL 33801 US**FEI Number:** 59-1262719**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VOLLMER, JOYCE
2125 CRYSTAL GROVE DRIVE
LAKELAND, FL 33801 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:** JOYCE VOLLMER

05/01/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	HENRICKS, BRET D
Address	2125 CRYSTAL GROVE DRIVE
City-State-Zip:	LAKELAND FL 33801

Title	MGR
Name	ELMASRI, FAKHIR F
Address	2125 CRYSTAL GROVE DRIVE
City-State-Zip:	LAKELAND FL 33801

Title	MGR
Name	LIMA, MARTHA
Address	2125 CRYSTAL GROVE DRIVE
City-State-Zip:	LAKELAND FL 33801

Title	MGR
Name	SCHMITT, CHRISTIAN
Address	2125 CRYSTAL GROVE DRIVE
City-State-Zip:	LAKELAND FL 33801

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: BRETT HENRICKS

MANAGER

05/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date