

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000112481

Entity Name: CRYSTAL RIVER ANESTHESIA ASSOCIATES, LLC

Current Principal Place of Business:

227 BELLEVUE WAY NE
#188
BELLEVUE, WA 98004

Current Mailing Address:

227 BELLEVUE WAY NE
#188
BELLEVUE, WA 98004 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 AUTHORIZED REPRESENTATIVE
Name STROUD, ROBERT S. ESQ.
Address 2 N. TAMIAMI TRAIL
SUITE 400
City-State-Zip: SARASOTA FL 34236

Title CFO
Name BEAR, RICHARD
Address 1100 BELLEVUE WAY NE STE 8A #188
City-State-Zip: BELLEVUE WA 98004

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: RICHARD BEAR

CFO

03/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date