

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000207552

**Entity Name:** DREYER ANESTHESIA SERVICES PLLC

**Current Principal Place of Business:**

16740 MAGNOLIA TERRACE BLVD.  
MONTVERDE, FL 34756

**Current Mailing Address:**

16740 MAGNOLIA TERRACE BLVD.  
MONTVERDE, FL 34756 US

**FEI Number:** 84-2809085

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DANIEL FRIEBIS & ASSOCIATES  
3890 TURTLE CREEK DR  
PORT ORANGE, FL 32127 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:** DANIEL FRIEBIS

02/20/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name DREYER, CHERYL M  
Address 16740 MAGNOLIA TERRACE BLVD  
City-State-Zip: MONTVERDE FL 34756

*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:** CHERYL M DREYER

02/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date