

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000252246

Entity Name: FLORIDA CAPITAL ANESTHESIA ASSOCIATES, LLC

Current Principal Place of Business:

1100 BELLEVUE WAY NE
STE 8A # 188
BELLEVUE, WA 98004

Current Mailing Address:

1100 BELLEVUE WAY NE
STE 8A # 188
BELLEVUE, WA 98004 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLALOCK WALTERS, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 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 NORTH TAMIAMI TRAIL
SUITE 400
City-State-Zip: SARASOTA FL 34236

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: ROBERT S. STROUD

ESQ.

07/24/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date