

**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