

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000174236

Entity Name: BELA ANESTHESIA LLC

Current Principal Place of Business:

3251 SW 23RD CT
FORT LAUDERDALE, FL 33312

Current Mailing Address:

3251 SW 23RD CT
FORT LAUDERDALE, FL 33312 UN

FEI Number: 85-1542655

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, STEPHANIE
3251 SW 23RD CT
FORT LAUDERDALE, FL 33312 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 MGR
Name BROWN, STEPHANIE
Address 3251 SW 23RD CT
City-State-Zip: FORT LAUDERDALE FL 33312

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: STEPHANIE BROWN

CRNA

01/05/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date