

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000232511

**Entity Name:** OCEAN BLUE ANESTHESIA LLC**Current Principal Place of Business:**800 E CYPRESS CREEK RD  
203  
FT. LAUDERDALE, FL 33334**Current Mailing Address:**3535 MILITARY TR  
STE 200  
JUPITER, FL 33458 US**FEI Number:** 85-2300958**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KUPPINGER, JORDAN G  
3535 MILITARY TR  
STE 200  
JUPITER, FL 33458 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 KUPPINGER, JORDAN G  
Address 3535 MILITARY TRSTE 200, 200  
City-State-Zip: JUPITER FL 33458

Title MBR  
Name MCCLELLAN, JONN  
Address 3535 MILITARY TRSTE 200, 200  
City-State-Zip: JUPITER FL 33458

Title MBR  
Name ROBERTSON, CHEIKH  
Address 3535 MILITARY TR, STE 200  
City-State-Zip: JUPITER FL 33458

Title MBR  
Name CUTLER, MICHAEL  
Address 3535 MILITARY TR, STE 200  
City-State-Zip: JUPITER FL 33458

Title MBR  
Name MOLLOY, GERALD G  
Address 3535 MILITARY TR, STE 200  
City-State-Zip: JUPITER FL 33458

*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:** JONN MCCLELLAN

MBR

02/04/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date