

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000025114

Entity Name: L.M.C. ANESTHESIA, INC

Current Principal Place of Business:

12151 IRWIN MANOR DRIVE
JACKSONVILLE, FL 32246

Current Mailing Address:

12151 IRWIN MANOR DRIVE
JACKSONVILLE, FL 32246

FEI Number: 81-1963789

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROSS, LORI
12151 IRWIN MANOR DRIVE
JACKSONVILLE, FL 32246 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

Officer/Director Detail :

Title P
Name CROSS, LORI M
Address 12151 IRWIN MANOR DRIVE
City-State-Zip: JACKSONVILLE FL 32246

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORI M CROSS

PRESIDENT

03/01/2017

Electronic Signature of Signing Officer/Director Detail

Date