2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2020
Secretary of State
1666436473CC

DOCUMENT# L00000000043

Entity Name: SUNSHINE ANESTHESIA, P.L.

Current Principal Place of Business:

5050 MASON CORBIN CT
FORT MYERS, FL 33907-4541

Current Mailing Address:

PO BOX 07207
FT. MYERS, FL 33919

FEI Number: 65-0988129

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WICKMAN, JOHN
2940 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239 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	LENTZ, JEFFREY MMD
Address	PO BOX 07207
City-State-Zip:	FT. MYERS FL 33919

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: JEFFREY M LENTZ MGR 03/19/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date