

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000034486

**Entity Name:** FORT WALTON BEACH ANESTHESIA, LLC

**Current Principal Place of Business:**

8201 UNIVERSITY PKWY  
PENSACOLA, FL 32514

**Current Mailing Address:**

8201 UNIVERSITY PKWY  
PENSACOLA, FL 32514

**FEI Number:** 06-1670989

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HUSTON, GARY W  
125 W ROMANA ST, STE 800  
PENSACOLA, FL 32501 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 MDV, LLC  
Address 8201 UNIVERSITY PARKWAY  
City-State-Zip: PENSACOLA FL 32514

*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:** MDV, LLC

MGR

02/23/2015

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

\_\_\_\_\_  
Date