

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000019122

**Entity Name:** METROPOLITAN ANESTHESIA GROUP, P.L.

**Current Principal Place of Business:**

1331 NORTH LAWNWOOD CIRCLE  
FT. PIERCE, FL 34950

**Current Mailing Address:**

PO BOX 2474  
FT. PIERCE, FL 34954-2474

**FEI Number:** 20-2421981

**Certificate of Status Desired:** No

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

KATTA, JOSEPH JMD  
1331 NORTH LAWNWOOD CIRCLE  
FORT PIERCE, FL 34950 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	MGRM	Title	MGRM
Name	KATTA, JOSEPH	Name	KORLIPARA, ANJANAYA P
Address	1331 NORTH LAWNWOOD CIRCLE	Address	1331 NORTH LAWNWOOD CIRCLE
City-State-Zip:	FT. PIERCE FL 34950	City-State-Zip:	FT. PIERCE FL 34950

*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:** ANJANAYA P. KORLIPARA, MD

**PRESIDENT**

**02/04/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date