

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000079523

Entity Name: HEARTLAND ANESTHESIA, LLC

Current Principal Place of Business:

2803 ALT US 27 S
SEBRING, FL 33870

Current Mailing Address:

2803 ALT US 27 S
SEBRING, FL 33870 US

FEI Number: 26-0637945

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMBRIZ, HUMBERTO S
2803 ALT US 27 S
SEBRING, FL 33870 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
Name MOGIN, ANTOINE M.D.
Address 14221 SW 120TH STREET, SUITE 226
City-State-Zip: MIAMI FL 33186

Title MGRM
Name HADDAD, JUAN M.D.
Address 14221 SW 120TH STREET, SUITE 226
City-State-Zip: MIAMI FL 33186

Title MGRM
Name RIVABEM, FERNANDO M.D.
Address 14221 SW 120TH STREET, SUITE 226
City-State-Zip: MIAMI FL 33186

Title MGRM
Name RISI, EDWIN A
Address 19543 SW 39TH ST
City-State-Zip: MIRAMAR FL 33029

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: FERNANDO RIVABEM

MGRM

01/05/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date