

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000122705

**Entity Name:** DELROSARIO ANESTHESIA, LLC

**Current Principal Place of Business:**

7628 HARRINGTON LANE  
BRADENTON, FL 34202

**Current Mailing Address:**

7628 HARRINGTON LANE  
BRADENTON, FL 34202 US

**FEI Number:** 41-2261591

**Certificate of Status Desired:** No

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

DELROSARIO MD, ALLAN  
7628 HARRINGTON LANE  
BRADENTON, FL 34202 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 DELROSARIO MD, ALLAN  
Address 7628 HARRINGTON LANE  
City-State-Zip: BRADENTON FL 34202

*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:** ALLAN DELROSARIO MD

**PRESIDENT**

**04/01/2014**

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

\_\_\_\_\_  
Date