2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000095254

FILED
Mar 10, 2016
Secretary of State
CC6219820785

Entity Name: DELRAY ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

7100 W CAMINO REAL SUITE 301
BOCA RATON, FL 33433

Current Mailing Address:

7100 W CAMINO REAL SUITE 301
BOCA RATON, FL 33433

FEI Number: 27-1052189

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORDSTROM, THOMAS
7100 W CAMINO REAL SUITE 301
BOCA RATON, FL 33433 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	CONTROLLER	Title	COO
Name	ZUCKOFF, PETER	Name	MARTIN, JAY
Address	7100 W CAMINO REAL SUITE 301	Address	7100 W CAMINO REAL SUITE 301
City-State-Zip:	BOCA RATON FL 33433	City-State-Zip:	BOCA RATON FL 33433
Title	D	Title	CFO
Name	MURPHY, BRIAN	Name	NORDSTROM, THOMAS
Address	7100 W CAMINO REAL SUITE 301	Address	7100 WEST CAMINO REAL 301
City-State-Zip:	BOCA RATON FL 33433	City-State-Zip:	BOCA RATON FL 33433

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: PETER ZUCKOFF — CONTROLLER — 03/10/2016

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