

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000095254

Entity Name: DELRAY ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

501 GLADES ROAD
BOCA RATON, FL 33432

Current Mailing Address:

501 GLADES ROAD
BOCA RATON, FL 33432 US

FEI Number: 27-1052189

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PLOSKER, HARVEY
501 GLADES ROAD
BOCA RATON, FL 33432 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: HARVEY PLOSKER

10/11/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name PLOSKER, HARVEY
Address 501 GLADES ROAD
City-State-Zip: BOCA RATON FL 33432

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: HARVEY PLOSKER

MANAGER

10/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date