

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000046071

**Entity Name:** SANTA FE ANESTHESIA MANAGMENT, LLC

**Current Principal Place of Business:**

206 CANOVA DR.  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

206 CANOVA DR.  
NEW SMYRNA BEACH, FL 32169

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

KASTNER, NANCY K  
206 CANOVA DR  
NEW SMYRNA BEACH, FL 32169 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 MGR  
Name KASTNER, NANCY K  
Address 206 CANOVA DR  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title MGR  
Name KASTNER, NANCY K  
Address 206 CANOVA DR.  
City-State-Zip: NEW SMYRNA BEACH FL 32169

*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:** NANCY K. KASTNER

MGR

04/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date