

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000019984

**Entity Name:** CONCH REPUBLIC ANESTHESIA, LLC

**Current Principal Place of Business:**

931 TOPPINO DRIVE  
KEY WEST, FL 33040

**Current Mailing Address:**

1107 KEY PLAZA #289  
KEY WEST, FL 33040-4077

**FEI Number:** 26-3799962

**Certificate of Status Desired:** No

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

BRUSCIA, PATRICK J D.O.  
931 TOPPINO DRIVE  
KEY WEST, FL 33040 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:** PATRICK J BRUSCIA D.O.

03/25/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BRUSCIA, PATRICK J D.O.  
Address 1107 KEY PLAZA #289  
City-State-Zip: KEY WEST FL 33040-4077

*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:** PATRICK J BRUSCIA, D.O.

MANAGING MEMBER

03/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date