

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000141694

Entity Name: ORANGE CITY ANESTHESIA, LLC

Current Principal Place of Business:

9430 NW 19TH STREET
PEMBROKE PINES, FL 33028

Current Mailing Address:

9430 NW 19TH STREET
PEMBROKE PINES, FL 33028

FEI Number: 38-3868401

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUPTA, VISHAL
2728 ENTERPRISE ROAD
SUITE 100
ORANGE CITY, FL 32763 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	Title	MGR
Name	GUPTA, VISHAL	Name	GUPTA, ANJALI
Address	9430 NW 19TH STREET	Address	9430 NW 19TH STREET
City-State-Zip:	PEMBROKE PINES FL 33028	City-State-Zip:	PEMBROKE PINES FL 33028

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: VISHAL GUPTA

AUTHORIZED MANAGER 04/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date