

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000158430

**Entity Name:** SUNBELT ANESTHESIA SERVICES, LLC

**Current Principal Place of Business:**

3910 CHARTER HOUSE DRIVE  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

PO BOX 550902  
JACKSONVILLE, FL 32225-0902 US

**FEI Number:** 90-0919535

**Certificate of Status Desired:** No

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

BITTINGER, ANN  
135001 SUTTON PARK DR. S.  
SUITE 201  
JACKSONVILLE, FL 32224 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:** CAMERON CUSHENBERY

04/21/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KALYNYCH, NICHOLAS M  
Address 690 MAJESTIC EAGLE DRIVE  
City-State-Zip: PONTE VEDRA FL 32081

Title MGRM  
Name CUSHENBERY, CAMERON S  
Address 3910 CHARTER HOUSE DRIVE  
City-State-Zip: JACKSONVILLE FL 32224

*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:** CAMERONE CUSHENBERY

**PRESIDENT**

04/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date