

2016 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:

CUSHENBERY, CAMERON
3910 CHARTER HOUSE DR
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

05/01/2016

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: CAMERON CUSHENBERY

PRESIDENT

05/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date