

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000162104

Entity Name: CLEARWATER ANESTHESIA SERVICE SPECIALISTS LLC

Current Principal Place of Business:

201 MONTGOMERY AVENUE
SARASOTA, FL 34243

Current Mailing Address:

201 MONTGOMERY AVENUE
SARASOTA, FL 34243

FEI Number: 30-0760249

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WESTON, ERIC DMD
201 MONTGOMERY AVENUE
SARASOTA, FL 34243 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 MGRM
Name HARBORSIDE GASTROENTEROLOGY
PA
Address 401 CORBETT STREET, SUITE 350
City-State-Zip: CLEARWATER FL 33756

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: ERIC WESTON

DMD

03/06/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date