

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000176157

**Entity Name:** SAPPHIRE ANESTHESIA, LLC

**Current Principal Place of Business:**

4210 67TH AVENUE CIRCLE EAST  
SARASOTA, FL 34243

**Current Mailing Address:**

4210 67TH AVENUE CIRCLE EAST  
SARASOTA, FL 34243 US

**FEI Number:** 46-4484462

**Certificate of Status Desired:** No

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

CAUDILL, TARA  
4210 67TH AVENUE CIRCLE EAST  
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 MGMR  
Name CAUDILL, TARA  
Address 4210 67TH AVENUE CIRCLE EAST  
City-State-Zip: SARASOTA FL 34243

*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:** TARA CAUDILL

04/14/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date