

2018 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

MANAGER

03/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date