

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000105747

**Entity Name:** EASTWOOD ANESTHESIA SERVICES LLC

**Current Principal Place of Business:**

4586 ROYAL PORT DR  
JACKSONVILLE, FL 32277

**Current Mailing Address:**

4586 ROYAL PORT DR  
JACKSONVILLE, FL 32277

**FEI Number:** 47-1259053

**Certificate of Status Desired:** No

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

EASTWOOD, VERONICA  
4586 ROYAL PORT DR  
JACKSONVILLE, FL 32277 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 MGR  
Name EASTWOOD, VERONICA  
Address 4586 ROYAL PORT DR  
City-State-Zip: JACKSONVILLE FL 32277

*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:** VERONICA EASTWOOD

MGR

04/14/2015

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

\_\_\_\_\_ Date