

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000107863

Entity Name: PRESTIGE ANESTHESIA LLC

Current Principal Place of Business:

5944 CORAL RIDGE DR, STE. 170
CORAL SPRINGS, FL 33076

Current Mailing Address:

5944 CORAL RIDGE DR, STE. 170
CORAL SPRINGS, FL 33076 US

FEI Number: 47-1295730

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BCRA, LLC
7777 GLADES RD.
SUITE 300
BOCA RATON, FL 33434 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 BARACK, STEPHANIE
Address 5944 CORAL RIDGE DR, STE. 170
City-State-Zip: CORAL SPRINGS FL 33076

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: STEPHANIE BARACK

MANAGER

06/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date