

**2017 FLORIDA LIMITED LIABILITY COMPANY 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**

**01/12/2017**

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

\_\_\_\_\_  
Date