

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000154803

**Entity Name:** A.B. ANESTHESIA LLC

**Current Principal Place of Business:**

8560 DALKEITH LANE  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

8560 DALKEITH LANE  
MIAMI LAKES, FL 33016 US

**FEI Number:** 47-2007455

**Certificate of Status Desired:** No

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

BARRIOS, AURORA  
8560 DALKEITH LANE  
MIAMI LAKES, FL 33016 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            AUTHORIZED MEMBER  
Name            ALAN LOPEZ  
Address        7901 NW 173RD STREET  
City-State-Zip: MIAMI FL 33015

*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:** AURORA BARRIOS

**OWNER**

**02/16/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date