

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000154803

Entity Name: A.B. ANESTHESIA LLC

Current Principal Place of Business:

7901 NW 173RD STREET
MIAMI, FL 33015

Current Mailing Address:

7901 NW 173RD STREET
MIAMI, FL 33015

FEI Number: 47-2007455

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARRIOS, AURORA
7901 NW 173RD STREET
MIAMI, FL 33015 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

MRS.

03/23/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date