

**2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:**

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  
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

**OWNER**

**04/21/2017**

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

\_\_\_\_\_ Date