2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2018
Secretary of State
CC5290183749

DOCUMENT# L14000164709

Entity Name: LAKEWOOD AMBULATORY ANESTHESIA, PLLC

Current Principal Place of Business:

206 SECOND STREET EAST
BRADENTON, FL 34208

Current Mailing Address:

206 SECOND STREET EAST
BRADENTON, FL 34208 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLALOCK WALTERS, P.A.
2 NORTH TAMIAMI TRAIL
#408
SARASOTA, FL 34236 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	SEVERS, BARRY L
Address	206 SECOND STREET EAST
City-State-Zip:	BRADENTON FL 34208

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: BARRY SEVERS MANAGER 01/22/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date