

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

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:** 47-2181179

**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

MGR

01/08/2021

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

\_\_\_\_\_  
Date