

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000002133

Entity Name: LONGWOOD ANESTHESIOLOGY LLC

Current Principal Place of Business:

515 W SR 434
SUITE 105
LONGWOOD, FL 32750

Current Mailing Address:

515 W SR 434
SUITE 105
LONGWOOD, FL 32750 US

FEI Number: 47-2694222

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILES, OLEN A
515 W SR 434
SUITE 105
LONGWOOD, FL 32750 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 GILES, OLEN A
Address 515 W SR 434, SUITE 105
City-State-Zip: LONGWOOD FL 32750

Title MGR
Name COPPOLA, ANTHONY J
Address 515 W SR 434, SUITE 105
City-State-Zip: LONGWOOD FL 32750

Title MGR
Name LIN, ANTHONY C
Address 515 W SR 434, SUITE 105
City-State-Zip: LONGWOOD FL 32750

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: OLEN GILES

MGR

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date