2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2016
Secretary of State
CC2284278581

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Entity Name: SLEEPY OWL ANESTHESIA PLLC

Current Principal Place of Business:

1010 NE 45 ST
OCALA, FL 34479

Current Mailing Address:

1010 NE 45 ST
OCALA, FL 34479 US

FEI Number: 47-4575866

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, KALAH J
1010 NE 45 ST
OCALA, FL 34479 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	BROWN, KALAH J
Address	1010 NE 45 ST
City-State-Zip:	OCALA FL 34479

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: KALAH J BROWN MGR 03/30/2016

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