

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000150717

Entity Name: SOUTHEAST ANESTHESIA MSO LLC

Current Principal Place of Business:

2631-A NW 41ST ST
GAINESVILLE, FL 32606

Current Mailing Address:

2631-A NW 41ST ST
GAINESVILLE, FL 32606 US

FEI Number: 47-5036275

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KING, WILLIAM D
2631-A NW 41ST ST
GAINESVILLE, FL 32606 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: WILLIAM D KING

04/03/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SULLIVAN, DANIEL T
Address 2631-A NW 41ST ST
City-State-Zip: GAINESVILLE FL 32606

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: DANIEL SULLIVAN

MGR

04/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date