2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2016
Secretary of State
CC7479907252

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Entity Name: TAYLOR ANESTHESIA SERVICES LLC

Current Principal Place of Business:

49 NORTH LIBERTY STREET
APT 1
CUMBERLAND, MD 21502

Current Mailing Address:

49 NORTH LIBERTY STREET
APT 1
CUMBERLAND, MD 21502 US

FEI Number: 81-0903046

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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	PRESIDENT
Name	TAYLOR, RUTH
Address	49 NORTH LIBERTY STREET APT 1
City-State-Zip:	CUMBERLAND MD 21502

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: RUTH TAYLOR PRESIDENT 04/24/2016

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