

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000056108

**Entity Name:** FPRA ANESTHESIA SERVICES, LLC

**Current Principal Place of Business:**

1693 LEE RD.  
SUITE B  
WINTER PARK, FL 32789

**Current Mailing Address:**

5365 W. ATLANTIC AVE.  
SUITE 504  
DELRAY BEACH, FL 33484 US

**FEI Number:** 36-4832592

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** CHRISTA PUGH, ASSISTANT VICE PRESIDENT

02/05/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SAJAN, CHERIAN  
Address 1693 LEE RD.  
SUITE B  
City-State-Zip: WINTER PARK FL 32789

*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:** CHERIAN SAJAN, M.D.

MANAGER

02/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date