

2018 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:

SAJAN, CHERIAN
1693 LEE RD.
SUITE B
WINTER PARK, FL 32789 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 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, MD

OWNER

03/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date