

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000070179

**Entity Name:** AWT ANESTHESIA, LLC

**Current Principal Place of Business:**

4802 RIVERSIDE DRIVE  
RICHMOND, VA 23225

**Current Mailing Address:**

4802 RIVERSIDE DRIVE  
RICHMOND, VA 23225 US

**FEI Number:** 81-2190382

**Certificate of Status Desired:** No

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

HAVRE, BILL  
7901 4TH STREET NORTH  
SUITE 300  
ST. PETERSBURG, FL 33702 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:** BILL HAVRE

01/22/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name THOMAS, ANNE W  
Address 4565 WOODWIND DRIVE  
City-State-Zip: DESTIN FL

*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:** ANNE THOMAS

MEMBER

01/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date