

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000070179

Entity Name: AWT ANESTHESIA, LLC

Current Principal Place of Business:

101 RIDGELAWN DRIVE EAST
MOBILE, AL 36608

Current Mailing Address:

101 RIDGELAWN DRIVE EAST
MOBILE, AL 36608 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

01/29/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name THOMAS, ANNE W
Address 101 RIDGELAWN DRIVE EAST
City-State-Zip: MOBILE AL 36608

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 W THOMAS

MEMBER

01/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date