2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2017
Secretary of State
CC4814679275

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Entity Name: CENTURIAN ANESTHESIA, LLC

Current Principal Place of Business:

6241 ARC WAY
FORT MYERS, FL 33966

Current Mailing Address:

6241 ARC WAY
FORT MYERS, FL 33966

FEI Number: 81-4394404

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHWINN, CHRISTINA H
1833 HENDRY STREET
FORT MYERS, FL 33901 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	GUIDO, CLAUDIA
Address	6241 ARC WAY
City-State-Zip:	FORT MYERS FL 33966

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: CLAUDIA GUIDO MANAGER 03/29/2017

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