## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000010265

Entity Name: AMP ANESTHESIA SERVICES, PLLC

**Current Principal Place of Business:** 

3664 PACIFIC AVE

CANNON BEACH, OR 97110

**Current Mailing Address:** 

PO BOX 1441

CANNON BEACH. OR 97110 US

FEI Number: 81-5023488 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PENLEY, ANDREA M 332 KIRKCALDY DR WINTER SPRINGS, FL 32708 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

FILED Jan 28, 2019

**Secretary of State** 

2541898744CC

## Authorized Person(s) Detail:

Title AMBR

Name PENLEY, ANDREA M

Address PO BOX 1441

City-State-Zip: CANNON BEACH OR 97110

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.

**PRESIDENT** 

SIGNATURE: ANDREA M PENLEY

Electronic Signature of Signing Authorized Person(s) Detail

01/28/2019 Date