

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000055419

Entity Name: NORTHSIDE ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

290 BROWARD ROAD
JACKSONVILLE, FL 32218

Current Mailing Address:

290 BROWARD ROAD
JACKSONVILLE, FL 32218 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALCOTE, AMY
290 BROWARD ROAD
JACKSONVILLE, FL 32218 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 AMBR
Name CALCOTE, AMY
Address 290 BROWARD ROAD
City-State-Zip: JACKSONVILLE FL 32218

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: AMY CALCOTE

AMBR

04/14/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date