

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000093095

Entity Name: BISCAYNE ANESTHESIA LLC

Current Principal Place of Business:

5944 CORAL RIDGE DRIVE #170
CORAL SPRINGS, FL 33076

Current Mailing Address:

5944 CORAL RIDGE DRIVE #170
CORAL SPRINGS, FL 33076 US

FEI Number: 82-1337651

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BCRA,LLC
LYNN FINANCIAL CENTER
1905 NW CORPORATE BLVD SUITE 310
BOCA RATON, FL 33431 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	Title	VP
Name	BARACK, JUSTIN	Name	BARACK, STEPHANIE
Address	5944 CORAL RIDGE DRIVE #170	Address	5944 CORAL RIDGE DRIVE #170
City-State-Zip:	CORAL SPRINGS FL 33076	City-State-Zip:	CORAL SPRINGS FL 33076

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: JUSTIN BARACK

MANAGER

05/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date