

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000029794

Entity Name: COMPASSIONATE ANESTHESIA CARE, LLC

Current Principal Place of Business:

9887 4TH STREET NORTH
234
SAINT PETERSBURG, FL 33702

Current Mailing Address:

9887 4TH STREET NORTH
234
SAINT PETERSBURG, FL 33702 US

FEI Number: 61-1919174

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FISHER BOYLES, LLP
625 TAMiami TRAIL NORTH
203
NAPLES, FL 34102 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 AP
Name SINGH, SEAN
Address 9887 4TH STREET NORTH
City-State-Zip: SAINT PETERSBURG FL 33702

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: SEAN SINGH

CEO

01/31/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date