

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000036933

Entity Name: NORTHWEST ANESTHESIA, LLC

Current Principal Place of Business:

8814 11TH AVE TERRACE NW
BRADENTON, FL 34209

Current Mailing Address:

8814 11TH AVE TERRACE NW
BRADENTON, FL 34209 US

FEI Number: 83-3381287

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAROLD, PETER MD
8814 11TH AVE TERRACE NW
BRADENTON, FL 34209 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 DAROLD, PETER MD
Address 8814 11TH AVE TERRACE NW
City-State-Zip: BRADENTON FL 34209

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: PETER DA ROLD

MANAGER

03/15/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date