

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000134129

**Entity Name:** J&B ANESTHESIA AND HEALTHCARE SERVICES,LLC

**Current Principal Place of Business:**

346 TIMBERWALK TRL  
JUPITER, FL 33458

**Current Mailing Address:**

346 TIMBERWALK TRL  
JUPITER, FL 33458

**FEI Number:** 84-1798575

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PINTOR, JUVELYN R CRNA  
346 TIMBERWALK TRL  
JUPITER, FL 33458 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 PINTOR, JUVELYN R CRNA  
Address 346 TIMBERWALK TRL  
City-State-Zip: JUPITER FL 33458

Title FMGR  
Name BRASHEAR, WILLIAM JOSEPH P  
Address 346 TIMBERWALK TRL  
City-State-Zip: JUPITER FL 33458

Title AMGR  
Name BRASHEAR, JASMINE F  
Address 346 TIMBERWALK TRL  
City-State-Zip: JUPITER FL 33458

Title AFMG  
Name PINTOR, EVELYN R  
Address 346 TIMBERWALK TRL  
City-State-Zip: JUPITER FL 33458

*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:** JUVELYN PINTOR

MGR

06/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date