2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000168248

Entity Name: BLUE WATER ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

6830 US-1
PORT ST. LUCIE, FL 34952

Current Mailing Address:

6830 US 1
PORT ST. LUCIE, FL 34952 US

FEI Number: 84-2108878

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLEN, BARBARA
6830 US-1
PORT ST. LUCIE, FL 34952 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		Title	MGR
Name	SLACK, CHRISTOPHER		Name	PAUL, CRAIG
Address	6830 US-1		Address	6830 US-1
City-State-Zip:	PORT ST. LUCIE FL 34952		City-State-Zip:	PORT ST. LUCIE FL 34952
Title	AMBR		Title	MANAGER
Name	LEE, S DARRELL		Name	ZALUZEC, DANIEL
Address	6830 US-1		Address	6830 S US 1
City-State-Zip:	PORT ST. LUCIE FL 34952		City-State-Zip:	PORT ST LUCIE FL 34952
Title	MANAGER		Title	MANAGER
Name	SEEGER, A. RANDALL		Name	SOLOMON, MICHAEL
Address	6830 S US 1		Address	6830 S. US 1
City-State-Zip:	FORT PIERCE FL 34952		City-State-Zip:	PORT ST LUCIE FL 34952
Title	MANAGER		Title	MANAGER
Name	RICHARDS, MICHELLE		Name	ALLEN, RICHARD
Address	6830 S US 1		Address	6830 S US 1
City-State-Zip:	PORT ST LUCIE FL 34952		City-State-Zip:	PORT ST. LUCIE FL 34952

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: CHRISTOPHER SLACK   MANAGER   04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail   Date