

**2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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  
Name SLACK, CHRISTOPHER  
Address 6830 US-1  
City-State-Zip: PORT ST. LUCIE FL 34952

Title MGR  
Name PAUL, CRAIG  
Address 6830 US-1  
City-State-Zip: PORT ST. LUCIE FL 34952

Title AMBR  
Name LEE, S DARRELL  
Address 6830 US-1  
City-State-Zip: PORT ST. LUCIE FL 34952

Title MANAGER  
Name ZALUZEC, DANIEL  
Address 6830 S US 1  
City-State-Zip: PORT ST LUCIE FL 34952

Title MANAGER  
Name SEEGER, A. RANDALL  
Address 6830 S US 1  
City-State-Zip: FORT PIERCE FL 34952

Title MANAGER  
Name SOLOMON, MICHAEL  
Address 6830 S. US 1  
City-State-Zip: PORT ST LUCIE FL 34952

Title MANAGER  
Name RICHARDS, MICHELLE  
Address 6830 S US 1  
City-State-Zip: PORT ST LUCIE FL 34952

Title MANAGER  
Name ALLEN, RICHARD  
Address 6830 S US 1  
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: CRAIG PAUL**

**MANAGER**

**03/24/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date