

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000199377

Entity Name: BSLW ANESTHESIA LLC

Current Principal Place of Business:

7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702

Current Mailing Address:

7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 US

FEI Number: 84-2704935

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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 SCHULZ, BARBARA
Address 85 JOSE GASPAR DR
City-State-Zip: NORTH FORT MYERS FL 33917

Title AMBR
Name WEBB, LOYANA
Address 85 JOSE GASPAR DR
City-State-Zip: NORTH FORT MYERS FL 33917

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: BARBARA SCHULZ

MANAGER

04/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date