

**2020 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

**MEMBER**

**03/27/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date