

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000081303

**Entity Name:** BLUE WATERS ANESTHESIA, LLC

**Current Principal Place of Business:**

60 MORAIN CT.  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

60 MORAIN CT.  
PONTE VEDRA, FL 32081

**FEI Number:** 85-0636886

**Certificate of Status Desired:** No

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

BASS, CHAD R  
60 MORAIN CT.  
PONTE VEDRA, FL 32081 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	CEO	Title	MGR
Name	BASS, CHAD R	Name	BASS, BEVERLY L
Address	60 MORAIN CT.	Address	60 MORAIN CT
City-State-Zip:	PONTE VEDRA FL 32081	City-State-Zip:	PONTE VEDRA FL 32081

*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:** CHAD BASS

MR.

02/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date