

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000116151

Entity Name: CAPITAL ANESTHESIA SOLUTIONS OF FLORIDA II, LLC

Current Principal Place of Business:

3825 EDWARDS ROAD, SUITE 103
CINCINNATI, OH 45209

Current Mailing Address:

3825 EDWARDS ROAD, SUITE 103
CINCINNATI, OH 45209 US

FEI Number: 85-0908631

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 SANDUSKY ANESTHESIA, LLC
Address PO BOX 498982
City-State-Zip: CINCINNATI OH 45249

Title MGR
Name SANDUSKY ANESTHESIA, LLC
Address PO BOX 498982
City-State-Zip: CINCINNATI OH 45249

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 COPLEY

CEO

04/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date