

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000308347

Entity Name: SOUTH MIAMI ANESTHESIA SERVICES LLC

Current Principal Place of Business:

5543 SW 40TH STREET
OCALA, FL 34474

Current Mailing Address:

5543 SW 40TH STREET
OCALA, FL 34474

FEI Number: 85-3421546

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DA CUNHA, VITOR
5543 SW 40TH STREET
OCALA, FL 34474 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 MR.
Name DA CUNHA, VITOR
Address 5543 SW 40TH STREET
City-State-Zip: Ocala FL 34474

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: VITOR DA CUNHA CRUZ

MR.

02/02/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date