

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000001643

**Entity Name:** LIFELINC ANESTHESIA, PLLC

**Current Principal Place of Business:**

3340 PLAYERS CLUB PKWY  
SUITE 350  
MEMPHIS, TN 38125

**Current Mailing Address:**

3340 PLAYERS CLUB PKWY  
SUITE 350  
MEMPHIS, TN 38125 US

**FEI Number:** 62-1709852

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR  
SUITE A  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            THOMPSON, GREGORY L  
Address        3340 PLAYERS CLUB PKWY  
                  SUITE 350  
City-State-Zip: MEMPHIS TN 38125

Title            SECRETARY  
Name            LAZAROV, JAMI K  
Address        3340 PLAYERS CLUB PKWY  
                  SUITE 350  
City-State-Zip: MEMPHIS TN 38125

*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:** JAMI K. LAZAROV

**SECRETARY**

**01/15/2020**

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

\_\_\_\_\_  
Date