

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000005402

**Entity Name:** ANESTHESIA PRACTICE MANAGEMENT CONSULTANTS, LLC

**Current Principal Place of Business:**

100 N. TAMPA STREET  
SUITE 3575  
TAMPA, FL 33602

**Current Mailing Address:**

100 N. TAMPA STREET  
SUITE 3575  
TAMPA, FL 33602 US

**FEI Number:** 46-1045270

**Certificate of Status Desired:** No

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

PETITT, RICHARD T  
100 N. TAMPA STREET  
SUITE 3575  
TAMPA, FL 33602 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 MGRM  
Name PETITT, RICHARD T  
Address 100 N. TAMPA STREET  
SUITE 3575  
City-State-Zip: TAMPA FL 33609

*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:** RICHARD T PETITT

MGRM

03/09/2019

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

\_\_\_\_\_  
Date