

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000006749

Entity Name: QUIESCENCE ANESTHESIA LLC

Current Principal Place of Business:

231 RIVERSIDE DRIVE STE 100
MACON, GA 31208

Current Mailing Address:

PO BOX 4283
MACON, GA 31208 US

FEI Number: 47-4138897

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC
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 MGR
Name DERANEY, JARED
Address PO BOX 4380
City-State-Zip: ALPHARETTA GA 30023

Title AUTHORIZED REPRESENTATIVE
Name MORRIS, ROBERT RYAN ESQ.
Address 3414 PEACHTREE ROAD
SUITE 360
City-State-Zip: ATLANTA GA 30326

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: ROBERT RYAN MORRIS

ATTORNEY

02/08/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date