

2018 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	Title	AUTHORIZED REPRESENTATIVE
Name	DERANEY, JARED	Name	MORRIS, ROBERT RYAN ESQ.
Address	PO BOX 4380	Address	3414 PEACHTREE ROAD SUITE 360
City-State-Zip:	ALPHARETTA GA 30023	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: JARED DERANEY

MGR

03/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date