



Colorado Secretary of State  
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### Annual Report

filed pursuant to [§7-90-301](#), et seq. and [§7-90-501](#) of the Colorado Revised Statutes (C.R.S)

ID number: 20041374175

Entity name: Independent Anesthesia Services, LLC

Jurisdiction under the law of which the  
entity was formed or registered: Colorado

#### You must complete line 1.

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Woelk	Rachel		
(Last)	(First)	(Middle)	(Suffix)
146 Meadowlark Trail			
(Street name and number or Post Office Box information)			
Gunnison	CO	81230	
(City)	(State)	(Postal/Zip Code)	
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Gunnison CO 81230  
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United States  
*(Province – if applicable)* *(Country – if not US)*

3. Principal office mailing address:  
(if different from above) P.O. Box 1637  
*(Street name and number or Post Office Box information)*

Gunnison CO 81230  
*(City)* *(State)* *(Postal/Zip Code)*

United States  
*(Province – if applicable)* *(Country – if not US)*

4. Registered agent name: (if an individual) Woelk Rachel F  
*(Last)* *(First)* *(Middle)* *(Suffix)*

**OR** (if a business organization)

5. The person identified above as registered agent has consented to being so appointed.

6. Registered agent street address: 146 Meadowlark Trail  
*(Street name and number)*

Gunnison CO 81230  
*(City)* *(State)* *(Postal/Zip Code)*

7. Registered agent mailing address:  
(if different from above) P.O. Box 1637  
*(Street name and number or Post Office Box information)*

Gunnison CO 81230  
*(City)* *(State)* *(Postal/Zip Code)*

United States  
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