

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000040696

**Entity Name:** LORENA MILANI ANESTHESIA SERVICES, PA

**Current Principal Place of Business:**

10171 EDMONTON AVE  
ENGLEWOOD, FL 34224

**Current Mailing Address:**

10171 EDMONTON AVE  
ENGLEWOOD, FL 34224

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MILANI, LORENA  
10171 EDMONTON AVE  
ENGLEWOOD, FL 34224 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

**Officer/Director Detail :**

Title P  
Name MILANI, LORENA  
Address 10171 EDMONTON AVE  
City-State-Zip: ENGLEWOOD FL 34224

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORENA MILANI

P

03/22/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date