

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000055083

**Entity Name:** L & L ANESTHESIA, INC.

**Current Principal Place of Business:**

639 NORTH BRANCH RD.  
MCDONALD, PA 15057

**Current Mailing Address:**

639 NORTH BRANCH RD.  
MCDONALD, PA 15057 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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, T, D  
Name LINSENBIGLER, CARLA  
Address 639 NORTH BRANCH RD.  
City-State-Zip: MCDONALD PA 15057

Title S  
Name LINSENBIGLER, LEONARD  
Address 639 NORTH BRANCH RD.  
City-State-Zip: MCDONALD PA 15057

*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:** CARLA LINSENBIGLER

**PRESIDENT**

**01/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date