

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000106501

**Entity Name:** AMERICAN ANESTHESIOLOGY OF NORTH FLORIDA LLC

**Current Principal Place of Business:**

2151 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

2151 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204 US

**FEI Number:** 46-3281069

**Certificate of Status Desired:** No

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

HELLER, DAN P ESQ  
2701 PONCE DE LEON BOULEVARD  
SUITE 301  
CORAL GABLES, FL 33134 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 AKA INVESTMENTS, LLC  
Address 2151 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32204

*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:** AKA INVESTMENTS, LLC

**ACCOUNTANT**

**04/13/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date