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 it 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: SRIKIRAN POTHAMSETTY	MGR	03/02/2022

SIGNATURE: SRIKIRAN POTHAMSETTY

Current Principal Place of Business: 6205 GREATWATER DR WINDERMERE, FL 34786

Current Mailing Address:

6205 GREATWATER DR WINDERMERE, FL 34786 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

POTHAMSETTY, SRIKIRAN 1507 S HIAWASSEE ROAD SUITE 105 ORLANDO, FL 32835 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: SRIKIRAN POTHAMSETTY

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR POTHAMSETTY, SRIKIRAN Name Address 6205 GREATWATER DR City-State-Zip: WINDERMERE FL 34786

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L16000151523

Entity Name: ANESTHESIA ASSOCIATES OF GREATER ORLANDO, LLC

Certificate of Status Desired: No

03/02/2022

Date

FILED Mar 02, 2022 Secretary of State 3924387956CC

Electronic Signature of Signing Authorized Person(s) Detail