

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000187485

**Entity Name:** PREFERRED ANESTHESIA CARE LLC

**Current Principal Place of Business:**

3760 OVERLOOK DRIVE  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

P.O. BOX 5804  
TALLAHASSEE, 32314-5804 UN

**FEI Number: 81-4097388**

**Certificate of Status Desired: No**

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

ADDERSON, VERONICA C  
3760 OVERLOOK DRIVE  
TALLAHASSEE, FL 32311 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 PREFERRED ANESTHESIA CARE, LLC  
Address P.O. BOX 5804  
City-State-Zip: TALLAHASSEE 32314-5804

*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: VERONICA C ADDERSON**

**MGR**

**04/28/2022**

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

\_\_\_\_\_ Date