

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000211542

**Entity Name:** ANESTHESIA AND AESTHETICS CONSULTANTS OF NAPLES,LLC

**Current Principal Place of Business:**

6729 AUTUMN WOODS BLVD  
NAPLES, FL 34109

**Current Mailing Address:**

6729 AUTUMN WOODS BLVD  
NAPLES, FL 34109

**FEI Number: 81-4485113**

**Certificate of Status Desired: Yes**

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

SEIDENSTICKER, WAYDE P  
791 10TH STREET SOUTH  
202  
NAPLES, FL 34102 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: WAYDE SEIDENSTICKER**

**03/07/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ZEITLER, MITCHELL J  
Address 6729 AUTUMN WOODS BLVD  
City-State-Zip: NAPLES FL 34109

Title MGR  
Name ZEITLER, DANA E  
Address 6729 AUTUMN WOODS BLVD  
City-State-Zip: NAPLES FL 34109

*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: MITCHELL ZEITLER**

**MGR**

**03/07/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date