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: RACHAEL M DRAYTON

Electronic Signature of Signing Authorized Person(s) Detail

OCALA. FL 34478 US FEI Number: 82-5147312

Name and Address of Current Registered Agent:

DRAYTON, RACHAEL 2089 NW 60TH AVE OCALA, FL 34482 US

PO BOX 6184

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: RACHAEL DRAYTON

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR
Name	RACHAEL, DRAYTON
Address	PO BOX 6184
City-State-Zip:	OCALA FL 34478

CEO

Certificate of Status Desired: No

04/30/2024 Date

FILED Apr 30, 2024 Secretary of State 4479805263CC

04/30/2024

Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000091979

Entity Name: DRAYTON ELITE ANESTHESIA SERVICES LLC

Current Principal Place of Business:

2089 NW 60TH AVE OCALA, FL 34482

Current Mailing Address: