

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000179166

**Entity Name:** AFR ANESTHESIA, LLC

**Current Principal Place of Business:**

3161 PARK MEADOW DRIVE  
APOPKA,, FL 32703

**Current Mailing Address:**

3161 PARK MEADOW DRIVE  
APOPKA,, FL 32703

**FEI Number:** 83-1343975

**Certificate of Status Desired:** No

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

RASCON, AILYN  
3161 PARK MEADOW DRIVE  
APOPKA, FL 32703 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 RASCON, AILYN  
Address 3161 PARK MEADOW DRIVE  
City-State-Zip: APOPKA, FL 32703

*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:** AILYN RASCON

MGR

03/29/2023

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

\_\_\_\_\_ Date