

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000057630

**Entity Name:** SLEEPER ANESTHESIA, PLLC

**Current Principal Place of Business:**

6340 BAHAMA SHORES DR S  
ST. PETERSBURG, FL 33705

**Current Mailing Address:**

6340 BAHAMA SHORES DR S  
ST. PETERSBURG, FL 33705 US

**FEI Number:** 83-3879637

**Certificate of Status Desired:** No

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

SPOOR LAW, P.A.  
877 EXECUTIVE CENTER DR W STE 100  
ST. PETERSBURG, FL 33702 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 ALI, JUNAB  
Address 6340 BAHAMA SHORES DR S  
City-State-Zip: ST. PETERSBURG FL 33705

Title MGR  
Name ALI, DENNA E  
Address 6340 BAHAMA SHORES DR S  
City-State-Zip: ST. PETERSBURG FL 33705

*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:** DENNA E. ALI

MGR

02/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date