

2024 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 | Title | MGR |
| Name | ALI, JUNAB | Name | ALI, DENNA E |
| Address | 6340 BAHAMA SHORES DR S | Address | 6340 BAHAMA SHORES DR S |
| City-State-Zip: | ST. PETERSBURG FL 33705 | 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

MANAGER

03/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date