

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000142892

Entity Name: FREELANCE ANESTHESIA PLLC

Current Principal Place of Business:

467 W FENWAY DR
HERNANDO, FL 34442

Current Mailing Address:

467 W FENWAY DR
HERNANDO, FL 34442 US

FEI Number: 84-2014939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALMER, PATRICIA L
467 W FENWAY DR
HERNANDO, FL 34442 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 AMBR
Name PALMER, PATRICIA L
Address 467 W FENWAY DR
City-State-Zip: HERNANDO FL 34442

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: PATRICIA PALMER

AMBR

04/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date