

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000207552

Entity Name: DREYER ANESTHESIA SERVICES PLLC

Current Principal Place of Business:

16740 MAGNOLIA TERRACE BLVD.
MONTVERDE, FL 34756

Current Mailing Address:

16740 MAGNOLIA TERRACE BLVD.
MONTVERDE, FL 34756 US

FEI Number: 84-2809085

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DANIEL FRIEBIS & ASSOCIATES
3890 TURTLE CREEK DR
PORT ORANGE, FL 32127 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: DANIEL FRIEBIS

01/23/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name DREYER, CHERYL M
Address 16740 MAGNOLIA TERRACE BLVD
City-State-Zip: MONTVERDE FL 34756

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: CHERYL DREYER

OWNER

01/23/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date