

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000254202

Entity Name: CENTRAL FLORIDA ANESTHESIA LLC

Current Principal Place of Business:

206 LAKEBREEZE CIR
LAKE MARY, FL 32746

Current Mailing Address:

206 LAKEBREEZE CIR
LAKE MARY, FL 32746 US

FEI Number: 84-3918694

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STAFFORD, BRIAN
2820 SUN LAKE LOOP APT 114
LAKE MARY, FL 32746 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: BRIAN STAFFORD

04/08/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name STAFFORD, BRIAN
Address 2820 SUN LAKE LOOP APT 114
City-State-Zip: LAKE MARY FL 32746

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: BRIAN STAFFORD

AMBR

04/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date