

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000275945

**Entity Name:** ANESTHESIA AND SLEEP MEDICINE SERVICES OF FLORIDA, LLC

**FILED**  
**Feb 08, 2024**  
**Secretary of State**  
**3129834341CC**

**Current Principal Place of Business:**

1485 37TH ST.  
111  
VERO BEACH, FL 32960

**Current Mailing Address:**

1485 37TH ST., STE. 111  
VERO BEACH, FL 32960 US

**FEI Number: 84-3748500**

**Certificate of Status Desired: Yes**

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

NYE, PHILLIP DR.  
1485 37TH ST., STE. 111  
VERO BEACH, FL 32960 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: PHILLIP NYE, MD**

**02/08/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name NYE, PHILLIP DR.  
Address 1485 37TH ST., STE. 111  
City-State-Zip: VERO BEACH FL 32960

*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: PHILLIP NYE, MD**

**MEDICAL DIRECTOR**

**02/08/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date