

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000160632

**Entity Name:** ANB ANESTHESIA, LLC

**Current Principal Place of Business:**

4219 NW 1ST DRIVE  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

4219 NW 1ST DRIVE  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MALIK, SHABAN  
5300 W HILLSBORO BLVD  
SUITE 218  
COCONUT CREEK, FL 33073 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:** SHABAN MALIK

04/29/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BUNNELL, ASHLEY NICOLE  
Address 4219 NW 1ST DRIVE  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** ASHLEY NICOLE BUNNELL

MGR

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date