

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000174236

**Entity Name:** BELA ANESTHESIA LLC

**Current Principal Place of Business:**

3251 SW 23RD CT  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

3251 SW 23RD CT  
FORT LAUDERDALE, FL 33312 UN

**FEI Number:** 85-1542655

**Certificate of Status Desired:** No

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

BROWN, STEPHANIE  
3251 SW 23RD CT  
FORT LAUDERDALE, FL 33312 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 MGR  
Name BROWN, STEPHANIE  
Address 3251 SW 23RD CT  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** STEPHANIE BROWN

MGR

01/22/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date