

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000283642

**Entity Name:** FLORIDA HONOR ANESTHESIA PLLC

**Current Principal Place of Business:**

110 N LECANTO HWY  
LECANTO, FL 34461

**Current Mailing Address:**

2609 N FOREST RIDGE BLVD  
STE 274  
HERNANDO, FL 34442 US

**FEI Number:** 85-3074760

**Certificate of Status Desired:** No

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

BRUSCIA, PATRICK J D.O.  
2609 N FOREST RIDGE BLVD  
STE 274  
HERNANDO, FL 34442 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            AMBR  
Name            BRUSCIA, PATRICK J D.O.  
Address        2609 N FOREST RIDGE BLVD  
                  STE 274  
City-State-Zip:    HERNANDO FL 34442

*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:** PATRICK J BRUSCIA, D.O.

**MANAGING MEMBER**

**03/18/2024**

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

\_\_\_\_\_  
Date