

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000370612

**Entity Name:** VANTAGE POINT ANESTHESIA LLC

**Current Principal Place of Business:**

9438 WORSWICK COURT  
WELLINGTON, FL 33414

**Current Mailing Address:**

9438 WORSWICK COURT  
WELLINGTON, FL 33414

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ACHAMFOUR YEBOAH, SETH  
9438 WORSWICK COURT  
WELLINGTON, FL 33414 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            AUTHORIZED MEMBER  
Name            ACHAMFOUR YEBOAH, SETH  
Address        9438 WORSWICK COURT  
City-State-Zip: WELLINGTON FL 33414

*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:** SETH ACHAMFOUR YEBOAH

MR.

01/24/2023

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

\_\_\_\_\_ Date