2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2025
Secretary of State
0972918654CC

DOCUMENT# L20000387667

Entity Name: OR ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

381 NW WOODBROOK DRIVE
GRANTS PASS, OR 97526

Current Mailing Address:

381 NW WOODBROOK DRIVE
GRANTS PASS, OR 97526 US

FEI Number: 85-4248958

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, KIANNE R
1637 WILLOW OAK LANE
SANFORD, FL 32773 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	RICE, STEVEN M
Address	381 NW WOODBROOK DRIVE
City-State-Zip:	GRANTS PASS OR 97526

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: STEVEN RICE AMBR 01/10/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date