

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000387667

**Entity Name:** OR ANESTHESIA SERVICES, LLC

**Current Principal Place of Business:**

1128 SW CENTRAL AVENUE  
GRANTS PASS, OR 97526

**Current Mailing Address:**

1128 SW CENTRAL AVENUE  
GRANTS PASS, OR 97526 US

**FEI Number:** 85-4248958

**Certificate of Status Desired:** Yes

**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        1637 WILLOW OAK LANE  
City-State-Zip: SANFORD FL 32773

*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

**MR.**

**03/05/2022**

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

\_\_\_\_\_  
Date