

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000067884

Entity Name: ALIGN ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

1520 HOLTS GROVE CIRCLE
WINTER PARK, FL 32789

Current Mailing Address:

1520 HOLTS GROVE CIRCLE
WINTER PARK, FL 32789 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEFFREY M. KOLTUN
150 SPARTAN DRIVE, SUITE 100
MAITLAND, FL 32751 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 CHANDRA, ASHITA
Address 1520 HOLTS GROVE CIRCLE
City-State-Zip: WINTER PARK FL 32789

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: ASHITA CHANDRA

MGR

03/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date