

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000188322

Entity Name: LUX ANESTHESIA PLLC

Current Principal Place of Business:

821 84TH STREET
MIAMI BEACH, FL 33141

Current Mailing Address:

816 PORTER AVENUE
201
EAU CLAIRE, WI 54701 US

FEI Number: 86-3642341

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOLIMANY, HOSSEIN
4471 DEAN MARTIN DRIVE
2710
LAS VEGAS, FL 89103 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 SOLIMANY, HOSSEIN
Address 4471 DEAN MARTIN DRIVE
2710
City-State-Zip: LAS VEGAS NV 89103

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: HOSSEIN SOLIMANY

MGR

08/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date