# that my name appears above, or on an attachment with all other like empowered.

# SIGNATURE: JERRY MOSLEY

Electronic Signature of Signing Authorized Person(s) Detail

#### **Current Principal Place of Business:** 7997 WOODBROOK RD PENSACOLA, FL 32526

# **Current Mailing Address:**

DOCUMENT# L22000172023

7997 WOODBROOK RD PENSACOLA. FL 32526 US

# FEI Number: 88-2729292

# Name and Address of Current Registered Agent:

MOSLEY, JERRY 7997 WOODBROOK ROAD PENSACOLA, FL 32526 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: JERRY MOSLEY

Electronic Signature of Registered Agent

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: MOSLEY ANESTHESIA SERVICES COMPANY LLC

#### Authorized Person(s) Detail :

Title MANAGER Name MOSLEY, JERRY Address 7997 WOODBROOK ROAD City-State-Zip: PENSACOLA FL 32526

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

Certificate of Status Desired: Yes

FILED Apr 11, 2023 Secretary of State 2762869989CC

> 04/11/2023 Date

Date

04/11/2023

MR.