

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000289705

Entity Name: CML ANESTHESIA SERVICES, LLC

Current Principal Place of Business:

10 COTTONWOOD FLAT
ORMOND BEACH, FL 32174

Current Mailing Address:

10 COTTONWOOD FLAT
ORMOND BEACH, FL 32174 US

FEI Number: 88-3062063

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEONARDI, ANTHONY T
10 COTTONWOOD FLAT
ORMOND BEACH, FL 32174 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 LEONARDI, ANTHONY T
Address 10 COTTONWOOD FLAT
City-State-Zip: ORMOND BEACH FL 32174

Title MGR
Name LEONARDI, CINDY
Address 10 COTTONWOOD FLAT
City-State-Zip: ORMOND BEACH FL 32174

Title AMBR
Name LEONARDI, ANTHONY T
Address 10 COTTONWOOD FLAT
City-State-Zip: ORMOND BEACH FL 32174

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: CINDY LEONARDI

CEO

01/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date