

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000314628

**Entity Name:** COLLEGE VIEW ANESTHESIA LLC

**Current Principal Place of Business:**

2405 KINGDOM AVE  
MELBOURNE, FL 32934

**Current Mailing Address:**

2405 KINGDOM AVE  
MELBOURNE, FL 32934 US

**FEI Number:** 88-3249260

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BENNETT, HEATHER M  
2405 KINGDOM AVE  
MELBOURNE, FL 32934 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 BENNETT, HEATHER M  
Address 2405 KINGDOM AVE  
City-State-Zip: MELBOURNE FL 32934

*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:** HEATHER M BENNETT

MGR

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date