

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000526391

**Entity Name:** AMFG ANESTHESIA LLC

**Current Principal Place of Business:**

40 MALAGA AVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

40 MALAGA AVE  
CORAL GABLES, FL 33134

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GILSON, ALEXANDER  
40 MALAGA AVE  
CORAL GABLES, FL 33134 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:** ALEXANDER GILSON

02/04/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name GILSON, HAZEL  
Address 40 MALAGA AVE  
City-State-Zip: CORAL GABLES FL 33134

*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:** HAZEL GILSON

AMBR

02/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date