

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000535774

Entity Name: ANESTHESIA ONESOURCE, LLC

Current Principal Place of Business:

203 S. MANTANZAS AVE
TAMPA, FL 33609

Current Mailing Address:

PO BOX 6760
TAMPA, FL 33608 US

FEI Number: 92-1867549

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DONOSO, JENNIFER
203 S. MANTANZAS AVE
TAMPA, FL 33609 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	DONOSO, JENNIFER
Address	PO BOX 6760
City-State-Zip:	TAMPA FL 33608

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: JENNIFER DONOSO

MANAGER

01/20/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date