

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000093921

Entity Name: GASKAT ANESTHESIA SERVICES LLC

Current Principal Place of Business:

216 17TH AVE N
ST PETERSBURG, FL 33704

Current Mailing Address:

216 17TH AVE N
ST PETERSBURG, FL 33704 US

FEI Number: 93-2393634

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEYER, KATHLEEN
216 17TH AVE N
ST PETERSBURG, FL 33704 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 AMBR
Name MEYER, KATHLEEN
Address 216 17TH AVE N
City-State-Zip: ST PETERSBURG FL 33704

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: KATHLEEN MEYER

AMBR

05/01/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date