

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000419213

**Entity Name:** DIAZ ANESTHESIA SERVICES LLC

**Current Principal Place of Business:**

602 GOLDEN SUNSHINE CIR.  
ORLANDO, FL 32807

**Current Mailing Address:**

602 GOLDEN SUNSHINE CIR.  
ORLANDO, FL 32807

**FEI Number:** 93-3346683

**Certificate of Status Desired:** Yes

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

DIAZ DUARTE, BENJAMIN A  
602 GOLDEN SUNSHINE CIR  
ORLANDO, FL 32807 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 DIAZ DUARTE, BENJAMIN A  
Address 602 GOLDEN SUNSHINE CIRCLE  
City-State-Zip: ORLANDO FL 32807

Title COO.  
Name TORTORICI, ERIC PETER  
Address 602 GOLDEN SUNSHINE CIR.  
City-State-Zip: ORLANDO FL 32807

*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:** BENJAMIN A. DIAZ DUARTE

MGR

01/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date