## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000025114

Entity Name: L.M.C. ANESTHESIA, INC

**Current Principal Place of Business:** 

12151 IRWIN MANOR DRIVE JACKSONVILLE. FL 32246

**Current Mailing Address:** 

12151 IRWIN MANOR DRIVE JACKSONVILLE, FL 32246

FEI Number: 81-1963789 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROSS, LORI 12151 IRWIN MANOR DRIVE JACKSONVILLE, FL 32246 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

FILED Feb 16, 2024

**Secretary of State** 

0322988370CC

## Officer/Director Detail:

Title I

Name CROSS, LORI M

Address 12151 IRWIN MANOR DRIVE City-State-Zip: JACKSONVILLE FL 32246

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORI M CROSS

Electronic Signature of Signing Officer/Director Detail

PRESIDENT 02/16/2024

Date