

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000019119

**Entity Name:** TADABRO ANESTHESIA INC.

**Current Principal Place of Business:**

2600 NE 20 STREET  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

2600 NE 20 STREET  
POMPANO BEACH, FL 33062

**FEI Number:** 88-1228170

**Certificate of Status Desired:** No

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

FRIEDLAND, ALAN D  
1451 W. CYPRESS CREEK ROAD  
SUITE 300  
FT. LAUDERDALE, FL 33309 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

**Officer/Director Detail :**

Title P  
Name LYNN, TARYN C  
Address 2600 NE 20 STREET  
City-State-Zip: POMPAN BEACH FL 33062

*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:** TARYN LYNN

**DIRECTOR**

**01/27/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date