

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017695

Entity Name: RAZORGATOR ANESTHESIA, P.L.C.

Current Principal Place of Business:

1530 NW 170TH STREET
NEWBERRY, FL 32669

Current Mailing Address:

1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 US

FEI Number: 83-0451686

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAZORGATOR ANESTHESIA, P.L.C.
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 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: BRENT STEWART

02/12/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name STEWART, BRENT T
Address 1530 NW 170TH STREET
City-State-Zip: NEWBERRY FL 32669

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: BRENT T STEWART

OWNER

02/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date