**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**May 01, 2025**
**Secretary of State**
**4284063938CC**

DOCUMENT# L08000079079

**Entity Name:** ANESTHESIOLOGY PROFESSIONALS, LLC

**Current Principal Place of Business:**

128 SEA HAMMOCK WAY
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

128 SEA HAMMOCK WAY
PONTE VEDRA BEACH, FL 32082 US

**FEI Number: 26-3202264**

**Certificate of Status Desired:** No

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

DOYLE, JOHN J DR
128 SEA HAMMOCK WAY
PONTE VEDRA BEACH, FL 32082 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: DR JOHN J DOYLE 05/01/2025

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | DOYLE, JOHN J DR. |
| Address | 128 SEA HAMMOCK WAY |
| City-State-Zip: | PONTE VEDRA BEACH FL 32082 |

*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: JOHN DOYLE MGR 05/01/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date