

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000046071

**Entity Name:** SANTA FE ANESTHESIA MANAGMENT, LLC

**Current Principal Place of Business:**

1360 EAST VENICE AVENUE  
VENICE, FL 34285

**Current Mailing Address:**

1360 EAST VENICE AVENUE  
VENICE, FL 34285 US

**FEI Number:** 32-0308821

**Certificate of Status Desired:** No

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

HUSE, KINGA  
1360 EAST VENICE AVENUE  
VENICE, FL 34285 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:** KINGA HUSE

01/24/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	PEWITT, KYLE	Name	SEALS, ELISSE
Address	2325 DEAN WAY, STE 100	Address	2325 DEAN WAY, STE 100
City-State-Zip:	SOUTHLAKE TX 76092	City-State-Zip:	SOUTHLAKE TX 76092

Title            PRESIDENT  
Name            HUSE, KINGA J  
Address        1360 EAST VENICE AVENUE  
City-State-Zip: VENICE FL 34285

*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:** KINGA HUSE

PRESIDENT

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date