

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000071773

**Entity Name:** STOKES ANESTHESIA LLC

**Current Principal Place of Business:**

5240 PALOMINO DR  
MELBOURNE, FL 32934

**Current Mailing Address:**

5240 PALOMINO DR  
MELBOURNE, FL 32934 US

**FEI Number:** 27-3014468

**Certificate of Status Desired:** No

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

CARUSO, STEVEN  
486 N HARBOR CITY BLVD  
MELBOURNE, FL 32935 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

**Authorized Person(s) Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | MGRM               | Title           | MGRM               |
| Name            | STOKES, DEBRA      | Name            | STOKES, TOM        |
| Address         | 5240 PALOMINO DR   | Address         | 5240 PALOMINO DR   |
| City-State-Zip: | MELBOURNE FL 32934 | City-State-Zip: | MELBOURNE FL 32934 |

*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:** DEBRA STOKES

MGRM

03/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date