

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000115318

Entity Name: MILLS AVE ANESTHESIA LLC

Current Principal Place of Business:

1825 N MILLS AVE
ORLANDO, FL 32803

Current Mailing Address:

555 WINDERLEY PLACE
400
MAITLAND, FL 32751 US

FEI Number: 45-3570881

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MGR
Name LEHR, JOHN T
Address 1825 N MILLS AVE
City-State-Zip: ORLANDO FL 32803

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 T LEHR

BOD

02/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date