

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000144994

**Entity Name:** ANESTHESIOLOGIST III, LLC

**Current Principal Place of Business:**

12511 WORLD PLAZA LANE  
BLDG. #50  
FORT MYERS, FL 33907

**Current Mailing Address:**

12511 WORLD PLAZA LANE  
BLDG. #50  
FORT MYERS, FL 33907 US

**FEI Number:** 59-1869309

**Certificate of Status Desired:** No

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

HF REGISTERED AGENTS, LLC  
1715 MONROE ST.  
FORT MYERS, FL 33901 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:** ERIN E HOUCK-TOLL, VICE PRESIDENT

02/06/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR, P  
Name BISBEE, CHARLES A DR.  
Address 12511 WORLD PLAZA LANE  
BLDG. #50  
City-State-Zip: FORT MYERS FL 33907

Title MGR, VP  
Name SHUCAVAGE, BERNARD M DR.  
Address 12511 WORLD PLAZA LANE  
BLDG. #50  
City-State-Zip: FORT MYERS FL 33907

Title MGR, S  
Name TURNER, ROBERT M DR.  
Address 12511 WORLD PLAZA LANE  
BLDG. #50  
City-State-Zip: FORT MYERS FL 33907

Title MGR, T  
Name HOMOLKA JR, CHARLES M DR.  
Address 12511 WORLD PLAZA LANE  
BLDG. #50  
City-State-Zip: FORT MYERS FL 33907

Title MGR  
Name SANDADI, JENNIFER M DR.  
Address 12511 WORLD PLAZA LANE BLDG #50  
City-State-Zip: FORT MYERS FL 33907

*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:** DR. CHARLES A BISBEE

PRESIDENT

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date