

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000158430

**Entity Name:** SUNBELT ANESTHESIA SERVICES, LLC

**Current Principal Place of Business:**

322 SCENIC POINT LANE  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

1880 EAST WEST PARKWAY  
#8513  
FLEMING ISLAND, FL 32006-9998 US

**FEI Number:** 90-0919535

**Certificate of Status Desired:** No

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

KALYNYCH, NICHOLAS M DR.  
322 SCENIC POINT LANE  
FLEMING ISLAND, FL 32003 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:** NICHOLAS M. KALYNYCH

02/11/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name INDEPENDENT NURSE ANESTHESIA PROVIDERS, INC.  
Address 322 SCENIC POINT LANE  
City-State-Zip: FLEMING ISLAND FL 32003

Title MGRM  
Name CSC ANESTHESIA SERVICES, INC.  
Address 3910 CHARTER HOUSE DRIVE  
City-State-Zip: JACKSONVILLE FL 32224

Title MGRM  
Name JACKSONVILLE ANESTHESIA GROUP SERVICES, INC.  
Address 2115 ROMEO POINT LANE  
City-State-Zip: FLEMING ISLAND FL 32003

Title MANAGER  
Name TOTAL CARE ANESTHESIA  
Address 20176 GRANLAGO DRIVE  
City-State-Zip: VENICE FL 34294

*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:** AMANDA DE LEON

**DIRECTOR OF  
ADMINISTRATION**

02/11/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date