

**2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000056108

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

**Current Principal Place of Business:**

4960 SW 72 AVE.  
SUITE 405  
MIAMI, FL 33155

**Current Mailing Address:**

4960 SW 72 AVE.  
SUITE 405  
MIAMI, FL 33155 US

**FEI Number:** 36-4832592

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	MEMBER	Title	AUTHORIZED SIGNER
Name	FLORIDA PAIN & REHABILITATION ASSOCIATES, INC.	Name	SAJAN, CHERIAN M.D
Address	4960 SW 72 AVE. SUITE 405	Address	4960 SW 72 AVE. SUITE 405
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

*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:** CHERIAN SAJAN M.D.

**AUTHORIZED SIGNER**

**09/29/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date