

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000056108

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

**Current Principal Place of Business:**

5280 CORPORATE DRIVE  
SUITE C-250  
FREDERICK, MD 21703

**Current Mailing Address:**

5280 CORPORATE DRIVE  
SUITE C-250  
FREDERICK, MD 21703 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  
Name FLORIDA PAIN & REHABILITATION  
ASSOCIATES, INC.  
Address 5280 CORPORATE DRIVE  
SUITE C-250  
City-State-Zip: FREDERICK MD 21703

*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:** FLORIDA PAIN & REHABILITATION ASSOCIATES, MEMBER  
INC.

03/28/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date