

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000002769

**Entity Name:** ELITE ANESTHETICS LLC

**Current Principal Place of Business:**

520 LAKEWOOD DRIVE  
OLDSMAR, FL 34677

**Current Mailing Address:**

520 LAKEWOOD DRIVE  
OLDSMAR, FL 34677 US

**FEI Number:** 81-4893481

**Certificate of Status Desired:** No

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

MUSICK, LINDSEY  
520 LAKEWOOD DRIVE  
OLDSMAR, FL 34677 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:** LINDSEY MUSICK

03/24/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MUSICK, LINDSEY  
Address 520 LAKEWOOD DRIVE  
City-State-Zip: OLDSMAR FL 34677

*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:** LINDSEY MUSICK

MGR

03/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date