

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L17000002955

**Entity Name:** OVER & OUT ANESTHESIA SOLUTIONS, LLC

**Current Principal Place of Business:**

1989 SW HILLMAN ST  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

5220 US HWY 1  
104-282  
VERO BEACH, FL 32967 US

**FEI Number: 81-4968148**

**Certificate of Status Desired: No**

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

OVERDIEK, RONDA  
1989 SW HILLMAN ST  
PORT ST LUCIE, FL 34953 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: RONDA OVERDIEK**

**04/27/2021**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AUTHORIZED MEMBER
Name	OVERDIEK, RONDA	Name	DIMOND, CHARLAINA MICHELE
Address	1989 SW HILLMAN ST	Address	1989 SW HILLMAN ST
City-State-Zip:	PORT ST LUCIE FL 34953	City-State-Zip:	PORT ST LUCIE FL 34953

*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: RONDA M OVERDIEK**

**OWNER**

**04/27/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date