

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000108541

Entity Name: ANESTHETIC SPECIALISTS LLC**Current Principal Place of Business:**4826 SW LAKE GROVE CIR
PALM CITY, FL 34990**Current Mailing Address:**4826 SW LAKE GROVE CIR
PALM CITY, FL 34990 US**FEI Number:** 82-1544573**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MY TAX AGENCY LLC
8081 CONGRESS AVE
SUITE 206
BOCA RATON, FL 33487 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:** LISA STEIN

06/07/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	NAYAR, KAREN	Name	EMERICK, JOSHUA
Address	4826 SW LAKE GROVE CIR	Address	4826 SW LAKE GROVE CIR
City-State-Zip:	PALM CITY FL 34990	City-State-Zip:	PALM CITY FL 34990

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: KAREN NAYAR

MGRM

06/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date