

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000108541

**Entity Name:** ANESTHETIC SPECIALISTS LLC

**Current Principal Place of Business:**

335 OKALOOSA AVE  
VALPARAISO, FL 32580

**Current Mailing Address:**

335 OKALOOSA AVE  
VALPARAISO, FL 32580 US

**FEI Number:** 82-1544573

**Certificate of Status Desired:** No

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

NAYAR, KAREN  
335 OKALOOSA AVE  
VALPARAISO, FL 32580 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 MGR  
Name NAYAR, KAREN  
Address 335 OKALOOSA AVE  
City-State-Zip: VALPARAISO FL 32580

*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

MGR

02/17/2021

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

\_\_\_\_\_  
Date