2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2025
Secretary of State
6409324391CC

DOCUMENT# L17000194539

Entity Name: SCHIPPER ANESTHESIA, PLLC

Current Principal Place of Business:

6782 MILL RUN CIRCLE
NAPLES, FL 34109

Current Mailing Address:

6782 MILL RUN CIRCLE
NAPLES, FL 34109 US

FEI Number: 82-3223529

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WWMRG STATUATORY AGENT, LLC
9045 STRADA STELL COURT
SUITE 400
NAPLES, FL 34109 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	AMBR
Name	SCHIPPER, JOHN
Address	6782 MILL RUN CIRCLE
City-State-Zip:	NAPLES FL 34109

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: JOHN SCHIPPER SOLE MEMBER 01/31/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date