

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000261362

Entity Name: KRADELCARE ANESTHESIA,LLC

Current Principal Place of Business:

726 GULF AIRE DRIVE
PORT SAINT JOE, FL 32456-6123

Current Mailing Address:

726 GULF AIRE DRIVE
PORT SAINT JOE, FL 32456-6123 US

FEI Number: 82-4110113

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRADEL, BRIAN
726 GULF AIRE DRIVE
PORT SAINT JOE, FL 32456-6123 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 AP
Name GLOVER, GREG
Address 275 FOREST PARK CIRCLE
City-State-Zip: PANAMA CITY FL 32405

Title AP
Name HINSON, BEVERLY
Address 4450 BROAD STREET
City-State-Zip: MARIANNA FL 32446

Title AP
Name HINSON-KRADEL, SCARLETT
Address 4450 BROAD STREET
City-State-Zip: MARIANNA FL 32446

Title AP
Name GALE, ANN
Address 147 KRADEL LANE
City-State-Zip: STATE COLLEGE PA 16803

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: SCARLETT HINSON-KRADEL

AP

01/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date