

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000029794

**Entity Name:** COMPASSIONATE ANESTHESIA CARE, LLC

**Current Principal Place of Business:**

9887 4TH STREET NORTH  
234  
SAINT PETERSBURG, FL 33702

**Current Mailing Address:**

9887 4TH STREET NORTH  
234  
SAINT PETERSBURG, FL 33702 US

**FEI Number:** 61-1919174

**Certificate of Status Desired:** No

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

SINGH, SEAN  
6225 66TH STREET NORTH  
PINELLAS PARK, FL 33781 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:** SEAN SINGH

03/08/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name SINGH, SEAN  
Address 9887 4TH STREET NORTH  
City-State-Zip: SAINT PETERSBURG FL 33702

*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:** SEAN SINGH

**AUTHORIZED  
REPRESENTATIVE**

03/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date