

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000227437

**Entity Name:** MONUSZKO ANESTHESIA, LLC

**Current Principal Place of Business:**

3007 RIPPLESIDE LN  
DURHAM, NC 27713

**Current Mailing Address:**

3007 RIPPLESIDE LN  
DURHAM, NC 27713 US

**FEI Number:** 84-3181352

**Certificate of Status Desired:** No

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

LEONARD, LAWRENCE Y ESQ.  
4445 HIGHWAY A1A  
SUITE 110  
VERO BEACH, FL 32963 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	MONUSZKO, EILEEN A
Address	1410 MULLIGAN DR
City-State-Zip:	VERO BEACH FL 32966

*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:** EILEEN MONUSZKO

**MANAGER**

**01/03/2025**

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

\_\_\_\_\_  
Date