

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000275182

**Entity Name:** M & J ANESTHESIA SERVICES, LLC

**Current Principal Place of Business:**

12281 EAGLE POINTE CIR  
FT MYERS, FL 33913

**Current Mailing Address:**

12281 EAGLE POINTE CIR  
FT MYERS, FL 33913 US

**FEI Number:** 84-3757646

**Certificate of Status Desired:** Yes

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

DAVIS, JOSHUA  
12281 EAGLE POINTE CIR  
FT MYERS, FL 33913 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:** JOSHUA DAVIS

01/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DAVIS, JOSHUA  
Address 12281 EAGLE POINTE CIR  
City-State-Zip: FT MYERS FL 33913

Title MGR  
Name DAVIS, MARIA  
Address 12281 EAGLE POINTE CIR  
City-State-Zip: FT MYERS FL 33913

*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:** JOSHUA DAVIS

OWNER

01/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date