

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000308347

**Entity Name:** SOUTH MIAMI ANESTHESIA SERVICES LLC

**Current Principal Place of Business:**

5543 SW 40TH STREET  
OCALA, FL 34474

**Current Mailing Address:**

5543 SW 40TH STREET  
OCALA, FL 34474

**FEI Number:** 85-3421546

**Certificate of Status Desired:** No

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

CRUZ, VITOR  
5543 SW 40TH STREET  
OCALA, FL 34474 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:** VITOR CRUZ

02/15/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MR.  
Name CRUZ, VITOR  
Address 5543 SW 40TH STREET  
City-State-Zip: Ocala FL 34474

*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:** VITOR CRUZ

02/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date