

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000148620

Entity Name: PRIME CARE ANESTHETICS LLC

Current Principal Place of Business:

3040 STELLA MARIA PL
ORLANDO, FL 32827

Current Mailing Address:

3040 STELLA MARIA PL
ORLANDO, FL 32827 US

FEI Number: 86-3753590

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORA RAMIREZ, GABRIEL I
3040 STELLA MARIA PL
ORLANDO, FL 32827 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 CRNA
Name MORA RAMIREZ, GABRIEL I
Address 3040 STELLA MARIA PL
City-State-Zip: ORLANDO FL 32827

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: MORA RAMIREZ , GABRIEL I

CRNA

02/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date