

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000194001

Entity Name: FMS ANESTHESIA LLC

Current Principal Place of Business:

1400 MORGAN STANLEY AVE
516
WINTER PARK, FL 32789

Current Mailing Address:

1400 MORGAN STANLEY AVE
516
WINTER PARK, FL 32789 US

FEI Number: 86-3805317

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SA, FERNANDA
1400 MORGAN STANLEY AVE
516
WINTER PARK, FL 32789 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 SA, FERNANDA
Address 1400 MORGAN STANLEY AVE APT 516
City-State-Zip: WINTER PARK FL 32789

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: FERNANDA SA

02/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date