

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000263444

Entity Name: EDELISSE ANESTHESIA LLC

Current Principal Place of Business:

25001 SW 120TH PLACE
MIAMI, FL 33032

Current Mailing Address:

25001 SW 120TH PL
HOMESTEAD, FL 33032 US

FEI Number: 86-3082832

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERA, EDELISSE V
25001 SW 120TH PL
HOMESTEAD, FL 33032 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 DR
Name EDELISSE RIVERA, EDELISSE V
Address 25001 SW 120TH PL
City-State-Zip: MIAMI FL 33032

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: EDELISSE RIVERA

DR.

03/29/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date