

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000531798

Entity Name: ANESTHESIA PAIN CARE CONSULTANTS, LLC

Current Principal Place of Business:

7171 N UNIVERSITY DR STE 300
TAMARAC, FL 33321

Current Mailing Address:

7171 N UNIVERSITY DR STE 300
TAMARAC, FL 33321 US

FEI Number: 65-0652448

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEINBERG, STEVEN A ESQ
7805 SW SIXTH CT
PLANTATION, FL 33324 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 FOX, IRA B M.D.
Address 7171 N UNIVERSITY DR STE 300
City-State-Zip: TAMARAC FL 33321

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: IRA B. FOX

MANAGER

02/11/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date