

**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