

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000039691

**Entity Name:** CONFORTE ANESTHESIA, LLC

**Current Principal Place of Business:**

107 LOTUS CIRCLE  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

107 LOTUS CIRCLE  
SAFETY HARBOR, FL 34695

**FEI Number:** 88-0524269

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CONFORTE, KARISSA  
107 LOTUS CIRCLE  
SAFETY HARBOR, FL 34695 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 CONFORTE, KARISSA  
Address 107 LOTUS CIRCLE  
City-State-Zip: SAFETY HARBOR FL 34695

Title AR  
Name CONFORTE, KARISSA  
Address 107 LOTUS CIRCLE  
City-State-Zip: SAFETY HARBOR FL 34695

Title AMBR  
Name CONFORTE, KARISSA  
Address 107 LOTUS CIRCLE  
City-State-Zip: SAFETY HARBOR FL 34695

*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:** KARISSA CONFORTE

**MANAGER**

**02/06/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date