

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000142786

**Entity Name:** PREMIER ANESTHESIOLOGY AND CONSULTING, LLC

**Current Principal Place of Business:**

10038 84TH ST  
SEMINOLE, FL 33777

**Current Mailing Address:**

10038 84TH ST  
SEMINOLE, FL 33777 US

**FEI Number: 88-1692970**

**Certificate of Status Desired:** No

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

DARREN, WREDE J  
10038 84TH ST  
SEMINOLE, FL 33777 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 AP  
Name WREDE, DARREN J  
Address 10038 84TH ST  
City-State-Zip: SEMINOLE FL 33777

*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: DARREN WREDE**

**MANAGER**

**04/30/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date