

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000151483

Entity Name: WOOD ANESTHESIA CARE LLC

Current Principal Place of Business:

8499 NW 191 STREET
HIALEAH, FL 33015

Current Mailing Address:

8499 NW 191 STREET
HIALEAH, FL 33015 US

FEI Number: 88-1793597

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOOD, BERNICE M
8499 NW 191 STREET
HIALEAH, FL 33015 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 WOOD, BERNICE M
Address 8499 NW 191 STREET
City-State-Zip: HIALEAH FL 33015

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: BERNICE WOOD

MGR

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date