**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 04, 2024**
**Secretary of State**
**5653057088CC**

DOCUMENT# L22000151483

**Entity Name:** WOOD ANESTHESIA CARE LLC

**Current Principal Place of Business:**

8497 NW 191 STREET
HIALEAH, FL 33015

**Current Mailing Address:**

8497 NW 191 STREET
HIALEAH, FL 33015 US

**FEI Number: 88-1793597**

**Certificate of Status Desired:** No

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

HERNANDEZ, BERNICE W
8497 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: BERNICE HERNANDEZ 02/04/2024

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | HERNANDEZ, BERNICE W |
| Address | 8497 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 HERNANDEZ MGR 02/04/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date