

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000199903

**Entity Name:** R.M.K. ANESTHESIA, LLC

**Current Principal Place of Business:**

1510 TAYLOR OAKS DR  
DELAND, FL 32724

**Current Mailing Address:**

1510 TAYLOR OAKS DR  
DELAND, FL 32724 US

**FEI Number:** 88-2041131

**Certificate of Status Desired:** No

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

KANDRAC, RICHARD M  
1510 TAYLOR OAKS DR  
DELAND, FL 32724 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                 | Title           | AR                  |
| Name            | KANDRAC, RICHARD M  | Name            | KANDRAC, SARA J     |
| Address         | 1510 TAYLOR OAKS DR | Address         | 1510 TAYLOR OAKS DR |
| City-State-Zip: | DELAND FL 32724     | City-State-Zip: | DELAND FL 32724     |

*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:** RICHARD KANDRAC

**MGR**

**02/15/2024**

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

\_\_\_\_\_  
Date