

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000269773

**Entity Name:** E F WELLS ANESTHESIA, PLLC

**Current Principal Place of Business:**

20500 W COUNTRY CLUB DR UNIT 101  
MIAMI, FL 33180

**Current Mailing Address:**

511 WIND SWEEP  
HORSESHOE BAY, TX 78657 US

**FEI Number:** 88-2640543

**Certificate of Status Desired:** No

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

WELLS, ELLIS F II  
21500 W COUNTRY CLUB DR  
APT 101  
MIAMI, FL 33180 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:** ELLIS WELLS

03/14/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT	Title	TREASURER
Name	WELLS, ELLIS F II	Name	WELLS, KARMEN JOY
Address	20500 W COUNTRY CLUB DR APT 101	Address	20500 W COUNTRY CLUB DR UNIT 101
City-State-Zip:	MIAMI FL 33180	City-State-Zip:	MIAMI FL 33180

*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:** ELLIS F WELLS

PRESIDENT

03/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date