

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000412843

**Entity Name:** LUCID ANESTHESIA LLC

**Current Principal Place of Business:**

3143 MARCUS POINTE BLVD  
PENSACOLA, FL 32505

**Current Mailing Address:**

3143 MARCUS POINTE BLVD  
PENSACOLA, FL 32505

**FEI Number:** 92-0606268

**Certificate of Status Desired:** No

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

BACHELOR, MEAGAN C  
3143 MARCUS POINTE BLVD  
PENSACOLA, FL 32505 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:** MEAGAN C BACHELOR

05/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AR  
Name BACHELOR, ANDREW M  
Address 3143 MARCUS POINTE BLVD  
City-State-Zip: PENSACOLA FL 32505

*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:** ANDREW M BACHELOR

AR

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date