2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2025
Secretary of State
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Entity Name: ASTAR ANESTHESIA

Current Principal Place of Business:

10028 EXHIBITION CIR.
JACKSONVILLE, FL 32256

Current Mailing Address:

10028 EXHIBITION CIR.
JACKSONVILLE, FL 32256 US

FEI Number: 92-0973128

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STARKWEATHER, ASHLEY B DR.
10028 EXHIBITION CIR.
JACKSONVILLE, FL 32256 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	AMBR	Title	AUTHORIZED REPRESENTATIVE
Name	STARKWEATHER, ASHLEY B DR.	Name	STARKWEATHER, ZACKARY
Address	10028 EXHIBITION CIR.	Address	10028 EXHIBITION CIR.
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256

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: ASHLEY STARKWEATHER PRESIDENT 04/28/2025

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