

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000473647

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
Name STARKWEATHER, ASHLEY B DR.
Address 10028 EXHIBITION CIR.
City-State-Zip: JACKSONVILLE FL 32256

Title AUTHORIZED REPRESENTATIVE
Name STARKWEATHER, ZACKARY
Address 10028 EXHIBITION CIR.
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

DR.

01/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date