

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000485618

Entity Name: KING ANESTHESIA LLC

Current Principal Place of Business:

1055 SHOREVIEW CIRCLE
315
CASSELBERRY, FL 32707

Current Mailing Address:

1055 SHOREVIEW CIRCLE
315
CASSELBERRY, FL 32707

FEI Number: 88-4300041

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LLUBERES MARTINEZ, REYNALDO
1055 SHOREVIEW CIRCLE
315
CASSELBERRY, FL 32707 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
Name ROMAN CASTRO, ELISA
Address 1055 SHOREVIEW CIRCLE 315
City-State-Zip: CASSELBERRY FL 32707

Title AMBR
Name LLUBERES MARTINEZ, REYNALDO
Address 1055 SHOREVIEW CIRCLE 315
City-State-Zip: CASSELBERRY FL 32707

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: ELISA ROMAN CASTRO

MEMBER

04/02/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date