

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000524692

Entity Name: SORINA'S NURSE ANESTHETIST PRACTICE LLC

Current Principal Place of Business:

1532 CLEARGLADES DRIVE
WESLEY CHAPEL, FL 33543

Current Mailing Address:

1532 CLEARGLADES DRIVE
WESLEY CHAPEL, FL 33543

FEI Number: 92-1552503

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, SORINA
1532 CLEARGLADES DRIVE
WESLEY CHAPEL, FL 33543 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 DAVIS, SORINA
Address 1532 CLEARGLADES DRIVE
City-State-Zip: WESLEY CHAPEL FL 33543

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: SORINA DAVIS

MEMBER

09/05/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date