

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000535774

Entity Name: ANESTHESIA ONESOURCE, LLC

Current Principal Place of Business:

3033 W. MEADOW ST.
TAMPA, FL 33611

Current Mailing Address:

PO BOX 6760
TAMPA, FL 33608

FEI Number: 92-1867549

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DONOSO, JENNIFER
3033 W. MEADOW ST.
TAMPA, FL 33611 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 DONOSO, JENNIFER
Address 3033 W. MEADOW ST.
City-State-Zip: TAMPA FL 33611

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: JENNIFER DONOSO

OWNER/MANAGER

01/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date