

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000028883

**Entity Name:** TAMPA ANESTHESIA LLC

**Current Principal Place of Business:**

3874 TAMPA ROAD  
OLDSMAR, FL 34677

**Current Mailing Address:**

3874 TAMPA ROAD  
OLDSMAR, FL 34677 US

**FEI Number:** 92-1851841

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHERMAN, JEFFREY M  
3874 TAMPA ROAD  
SUITE 200  
OLDSMAR, FL 34677 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 EISNER, MARK  
Address 3874 TAMPA ROAD,  
City-State-Zip: OLDSMAR FL 34677

Title MGR  
Name HEIMAN, DAVID  
Address 3874 TAMPA ROAD,  
City-State-Zip: OLDSMAR FL 34677

Title MGR  
Name PRIETO, RICARDO  
Address 3874 TAMPA ROAD,  
City-State-Zip: OLDSMAR FL 34677

Title MGR  
Name FLORIDA MEDICAL CLINIC, LLC  
Address 38135 MARKET SQUARE  
City-State-Zip: ZEPHYRHILLS FL 33542

*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:** JEFFREY SHERMAN

**REGISTER AGENT**

**02/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date