**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 16, 2024**
**Secretary of State**
**5431336739CC**

DOCUMENT# L23000158888

**Entity Name:** C.R. ANESTHESIA SERVICES, PLLC

**Current Principal Place of Business:**

6425 BLUE GROSBEAK CIRCLE
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

6425 BLUE GROSBEAK CIRCLE
LAKEWOOD RANCH, FL 34202 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired:** No

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

KOONTZ, JO ANN M
1613 FRUITVILLE RD.
SARASOTA, FL 34236 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 | RUDOLPH, COLLEEN |
| Address | 6425 BLUE GROSBEAK CIRCLE |
| City-State-Zip: | LAKEWOOD RANCH FL 34202 |

*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: COLLEEN RUDOLPH AUTHORIZED MEMBER 02/16/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date