

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000425292

Entity Name: ALEX ANESTHETICS LLC

Current Principal Place of Business:

2700 SHAUGHNESSY DR
WELLINGTON, FL 33414

Current Mailing Address:

2700 SHAUGHNESSY DR
WELLINGTON, FL 33414

FEI Number: 93-3399515

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALEXANDER, JOSEPH
2700 SHAUGHNESSY DR
WELLINGTON, FL 33414 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 ALEXANDER, JOSEPH
Address 2700 SHAUGHNESSY DR
City-State-Zip: WELLINGTON FL 33414

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: JOSEPH ALEXANDER

MANAGER

03/11/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date