

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000139554

Entity Name: RUUD ANESTHESIA LLC

Current Principal Place of Business:

26400 BONITA FAIRWAYS BLVD
BONITA SPRINGS, FL 34135

Current Mailing Address:

26400 BONITA FAIRWAYS BLVD
BONITA SPRINGS, FL 34135 US

FEI Number: 99-2332607

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUUD, TAYLOR
26400 BONITA FAIRWAYS BLVD
BONITA SPRINGS, FL 34135 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 CEO
Name RUUD, TAYLOR
Address 26400 BONITA FAIRWAYS BLVD
City-State-Zip: BONITA SPRINGS FL 34135

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: TAYLOR RUUD

CEO

03/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date