

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000377413

Entity Name: BLUE PEAK ANESTHESIA GROUP PLLC

Current Principal Place of Business:

566 HIAWATHA PALM PLACE
APOPKA, FL 32712

Current Mailing Address:

566 HIAWATHA PALM PLACE
APOPKA, FL 32712 US

FEI Number: 85-4164467

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASAP LAW PLLC
111 N ORANGE AVE STE 800
ORLANDO, FL 32801 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 MMGR
Name ROBINSON, JAY II
Address 566 HIAWATHA PALM PLACE
City-State-Zip: APOPKA FL 32712

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: JAY ROBINSON II

MANAGER

02/19/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date