

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000440444

Entity Name: TRIAD ANESTHESIA LLC

Current Principal Place of Business:

1422 FOUNTAIN VIEW STREET
ORMOND BEACH, FL 32174

Current Mailing Address:

1422 FOUNTAIN VIEW STREET
ORMOND BEACH, FL 32174 US

FEI Number: 33-1488512

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE MUNIZZI LAW FIRM
101 N. WOODLAND BLVD.
SUITE 601
DELAND, FL 32720 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 OTERO-FALERO, ANTHONY
Address 1422 FOUNTAIN VIEW STREET
City-State-Zip: ORMOND BEACH FL 32174

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: ANTHONY OTERO-FALERO

MGR

01/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date