

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000697

**Entity Name:** SOUTHEAST ANESTHESIA SERVICES, LLC

**Current Principal Place of Business:**

6350 STATE HIGHWAY 85  
CHANCELLOR, AL 36316

**Current Mailing Address:**

6350 STATE HIGHWAY 85  
CHANCELLOR, AL 36316

**FEI Number:** 26-1620040

**Certificate of Status Desired:** No

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

BAKER, JOANN  
401 E. BYRD AVENUE  
BONIFAY, FL 32425 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 MGRM  
Name TUCKER, JAMES R  
Address 6350 STATE HIGHWAY 85  
City-State-Zip: CHANCELLOR AL 36316

Title MGRM  
Name BOM YU, CHANG  
Address 230 CREEKSIDE DRIVE  
City-State-Zip: DOTHAN AL 36305

*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:** JAMES TUCKER

**MEMBER**

**04/14/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date