

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000005402

**Entity Name:** ANESTHESIA PRACTICE MANAGEMENT CONSULTANTS, LLC

**Current Principal Place of Business:**

3225 S MACDILL AVE  
129-280  
TAMPA, FL 33629

**Current Mailing Address:**

3225 S MACDILL AVE  
129-280  
TAMPA, FL 33629 US

**FEI Number:** 46-1045270

**Certificate of Status Desired:** No

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

BEARD, JOHN B JR.  
3225 S MACDILL AVE  
129-280  
TAMPA, FL 33629 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:** JOHN B BEARD JR

04/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BEARD, JOHN B JR  
Address 3225 S MACDILL AVE  
129-280  
City-State-Zip: TAMPA FL 33629

*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:** JOHN B BEARD JR

MANAGER

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date