

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000006688

**Entity Name:** BLUE CLOUD ANESTHESIA, LLC

**Current Principal Place of Business:**

182 INDUSTRIAL RD.  
GLEN ROCK, PA 17327

**Current Mailing Address:**

182 INDUSTRIAL RD.  
GLEN ROCK, PA 17327

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	Title	MEMBER
Name	FIGUEROA, RAYMOND D.	Name	BLUE CLOUD PEDIATRIC SURGERY CENTERS, LLC
Address	182 INDUSTRIAL RD.	Address	182 INDUSTRIAL ROAD
City-State-Zip:	GLEN ROCK PA 17327	City-State-Zip:	GLEN ROCK FL 17327

*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: RAYMOND D. FIGUEROA**

**CEO**

**03/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date