

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000331297

**Entity Name:** WATERSIDE ANESTHESIA LLC

**Current Principal Place of Business:**

14315 STRAWBRIDGE CT  
CHESTERFIELD, MO 63017

**Current Mailing Address:**

1071 WATERSIDE CIRCLE  
WESTON, FL 33327 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MONASH, DAVID  
1071 WATERSIDE CIRCLE  
WESTON, FL 33327 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/AMBR	Title	SEC
Name	MONASH, DAWN	Name	MONASH, DAWN
Address	1071 WATERSIDE CIRCLE	Address	1071 WATERSIDE CIRCLE
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327

*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:** DAWN MONASH

**MANAGER**

**01/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date