

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000332001

Entity Name: KAI ANESTHESIA LLC

Current Principal Place of Business:

10 CIRCLE CREEK WAY
ORMOND BEACH, FL 32174

Current Mailing Address:

10 CIRCLE CREEK WAY
ORMOND BEACH, FL 32174 US

FEI Number: 87-1993453

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
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: MARK WILLIAMS

02/20/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name RAMIREZ, TATIANA
Address 10 CIRCLE CREEK WAY
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: TATIANA RAMIREZ

MEMBER

02/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date