

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000195355

**Entity Name:** JENX ANESTHESIA LLC

**Current Principal Place of Business:**

5970 NW 91ST AVE  
PARKLAND, FL 33067

**Current Mailing Address:**

5970 NW 91ST AVE  
PARKLAND, FL 33067 US

**FEI Number:** 88-2430167

**Certificate of Status Desired:** No

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

MIANO, JENNIFER  
5970 NW 91ST AVE  
PARKLAND, FL 33067 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            AMBR  
Name            MIANO, JENNIFER  
Address        5970 NW 91ST AVE  
City-State-Zip: PARKLAND FL 33067

*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:** JENNIFER MIANO

04/11/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date