

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000404858

**Entity Name:** KOS ANESTHESIA LLC

**Current Principal Place of Business:**

2131 PARK ST. N  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

2131 PARK ST. N  
ST. PETERSBURG, FL 33710

**FEI Number:** 93-3122868

**Certificate of Status Desired:** Yes

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

OSMOND, KELLEN  
2131 PARK ST. N  
ST. PETERSBURG, FL 33710 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            OSMOND, KELLEN  
Address        2131 PARK ST. N  
City-State-Zip: ST. PETERSBURG FL 33710

*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:** KELLEN OSMOND

AMBR

04/15/2024

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

\_\_\_\_\_  
Date