

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000003321

Entity Name: SOMNIA NURSE ANESTHESIA PROGRAM LLC

Current Principal Place of Business:

450 MAMARONECK AVE
SUITE 201
HARRISON, NY 10528

Current Mailing Address:

450 MAMARONECK AVE
SUITE 201
HARRISON, NY 10528 US

FEI Number: 87-4588561

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 MANAGER
Name KOCH, MARC E. M.D.
Address 450 MAMARONECK AVE
 SUITE 201
City-State-Zip: HARRISON NY 10528

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: MARC E. KOCH, M.D.

MANAGER

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date