

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000056450

**Entity Name:** BAY ANESTHESIA, INCORPORATED

**Current Principal Place of Business:**

12900 CORTEZ BLVD  
SUITE 104  
BROOKSVILLE, FL 34613

**Current Mailing Address:**

12900 CORTEZ BLVD  
SUITE 104  
BROOKSVILLE, FL 34613

**FEI Number:** 59-3660965

**Certificate of Status Desired:** No

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

REHEEM, M. ALLAM  
12900 CORTEZ BLVD  
STE 104  
BROOKSVILLE, FL 34613 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

**Officer/Director Detail :**

Title MGR  
Name REHEEM, M. ALLAM  
Address 12900 CORTEZ BLVD STE 104  
City-State-Zip: BROOKSVILLE FL 34613

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** REHEEM , M. ALLAM

**OWNER**

**03/15/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date