

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000036757

**Entity Name:** ACM ANESTHESIA RELIEF INC

**Current Principal Place of Business:**

3245 NE 184TH ST  
# 13105  
AVENTURA, FL 33160

**Current Mailing Address:**

3245 NE 184TH ST  
# 13105  
AVENTURA, FL 33160 US

**FEI Number:** 57-1158369

**Certificate of Status Desired:** Yes

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

MACAZAR, ANDREA  
3245 NE 184TH ST.  
#13105  
AVENTURA, FL 33160 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	P	Title	VP
Name	MACAZAR, ANDREA	Name	CASIO, CECILIA
Address	3245 NE 184TH ST # 13105	Address	10905 NE 8TH CT
City-State-Zip:	AVENTURA FL 33160	City-State-Zip:	MIAMI FL 33161

*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:** ANDREA MACAZAR

**PRESIDENT**

**04/14/2014**

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

\_\_\_\_\_  
Date