

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000032601

Entity Name: NELSON ANESTHESIA, INC.

Current Principal Place of Business:

2248 ELCID CT
PALM HARBOR, FL 34683

Current Mailing Address:

2248 ELCID CT
PALM HARBOR, FL 34683 US

FEI Number: 03-0549350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NELSON, MARK LP
2248 ELCID CT
PALM HARBOR, FL 34683 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
Name NELSON, MARK
Address 2248 ELCID CT
City-State-Zip: PALM HARBOR FL 34683

Title S
Name NELSON, BRENDA
Address 2248 ELCID CT
City-State-Zip: PALM HARBOR FL 34683

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: MARK NELSON

PR

04/26/2015

Electronic Signature of Signing Officer/Director Detail

Date