

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064097

Entity Name: SLEEPY HOLLOW ANESTHESIA, INC.

Current Principal Place of Business:

5511 MONTILLA DR.
FORT MYERS, FL 33919

Current Mailing Address:

5511 MONTILLA DR.
FORT MYERS, FL 33919 US

FEI Number: 20-1018638

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

D'AUGUSTA, DENNIS
5511 MONTILLA DRIVE
FORT MYERS, FL 33919 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 PTD
Name D'AUGUSTA, DENNIS
Address 5511 MONTILLA DR.
City-State-Zip: FORT MYERS FL 33919

Title SD
Name KAABER, VIRGINIA
Address 5511 MONTILLA DR.
City-State-Zip: FORT MYERS FL 33919

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: DENNIS D'AUGUSTA

PRESIDENT

04/23/2020

Electronic Signature of Signing Officer/Director Detail

Date