

**2024 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**

**04/03/2024**

Electronic Signature of Signing Officer/Director Detail

Date