

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064097

Entity Name: SLEEPY HOLLOW ANESTHESIA, INC.

Current Principal Place of Business:

18061 RIVERCHASE CT.
ALVA, FL 33920

Current Mailing Address:

18061 RIVERCHASE CT.
ALVA, FL 33920

FEI Number: 20-1018638

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

D'AUGUSTA, DENNIS
18061 RIVERCHASE CT.
ALVA, FL 33920 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 18061 RIVERCHASE CT.
City-State-Zip: ALVA FL 33920

Title SD
Name KAABER, VIRGINIA
Address 18061 RIVERCHASE CT.
City-State-Zip: ALVA FL 33920

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

P

04/02/2015

Electronic Signature of Signing Officer/Director Detail

Date