## **2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000082734

Entity Name: A R S ANESTHESIA INC.

**Current Principal Place of Business:** 

3262 RIDGE TRACE DAVIE, FL 33328

**Current Mailing Address:** 

3262 RIDGE TRACE DAVIE, FL 33328

FEI Number: 20-2964548 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SANCHEZ, ALFREDO R 3262 RIDGE TRACE DAVIE, FL 33328 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

FILED Apr 20, 2014

**Secretary of State** 

CC8107261174

## Officer/Director Detail:

Title PS

Name SANCHEZ, ALFREDO R
Address 3262 RIDGE TRACE
City-State-Zip: DAVIE FL 33328

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: ALFREDO SANCHEZ

**PRESIDENT** 

04/20/2014