

**2015 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:** No

**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

**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**

**05/18/2015**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date