

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000012823

**Entity Name:** DEVINE ANESTHESIA, INC.

**Current Principal Place of Business:**

4801 LINTON BLVD #11A  
#611  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

4801 LINTON BLVD #11A  
#611  
DELRAY BEACH, FL 33445 US

**FEI Number:** 54-2194769

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MALON, DEVINE  
4801 LINTON BLVD  
STE 11A, OFC 611 2236  
DELRAY BEACH, FL 33445 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 P  
Name DEVINE, MALON S  
Address 4801 LINTON BLVD  
STE 11A, OFC 611  
City-State-Zip: DELRAY BEACH FL 33445

*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:** MALON S DEVINE

**PRESIDENT**

**07/29/2021**

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

\_\_\_\_\_  
Date