

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000012823

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

**Current Principal Place of Business:**

185 NE 4TH AVENUE #203  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

185 NE 4TH AVENUE #203  
DELRAY BEACH, FL 33483

**FEI Number:** 54-2194769

**Certificate of Status Desired:** No

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

MALON, DEVINE  
185 N.E. 4TH AVENUE #203  
DELRAY BEACH, FL 33483 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  
Address        185 NE 4TH AVENUE #203  
City-State-Zip: DELRAY BEACH FL 33483

*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:** DEVINE, MALON

**PRESIDENT**

**01/28/2013**

Electronic Signature of Signing Officer/Director Detail

Date