

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000012823

Entity Name: DEVINE ANESTHESIA, INC.

Current Principal Place of Business:

2788 HAMPTON CIRCLE WEST
DELRAY BEACH, FL 33445

Current Mailing Address:

2788 HAMPTON CIRCLE WEST
DELRAY BEACH, FL 33445 US

FEI Number: 54-2194769

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALON, DEVINE
2788 HAMPTON CIRCLE WEST
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
Address 2788 HAMPTON CIRCLE WEST
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 DEVINE

P

01/25/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date