

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000040960

Entity Name: AMBULATORY AESTHETIC ANESTHESIA, P.A.

Current Principal Place of Business:

922 N PALMWAY
LAKE WORTH, FL 33460

Current Mailing Address:

922 N PALMWAY
LAKE WORTH, FL 33460 US

FEI Number: 56-2655264

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WELLER, ANN CPA
2625 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134 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: ANN WELLER

04/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MILLS, JANNETTE G
Address 922 N PALMWAY
City-State-Zip: LAKE WORTH FL 33460

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: JANNETTE G MILLS

P

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date