2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2015
Secretary of State
CC5741947955

DOCUMENT# P07000066379

Entity Name: CLINICAL ANESTHESIA PROVIDERS P.A.

Current Principal Place of Business:

342 RIVER ENCLAVE CT
BRADENTON, FL 34212

Current Mailing Address:

342 RIVER ENCLAVE CT
BRADENTON, FL 34212 US

FEI Number: 26-0319462

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIAZ MORALES, JULIO DS.R
342 RIVER ENCLAVE CT
BRADENTON, FL 34212 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	DIAZ MORALES, JULIO DSR
Address	342 RIVER ENCLAVE CT
City-State-Zip:	BRADENTON FL 34212

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: JULIO DIAZ MORALES PRESIDENT 03/22/2015

Electronic Signature of Signing Officer/Director Detail — Date