

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066379

Entity Name: CLINICAL ANESTHESIA PROVIDERS P.A.

Current Principal Place of Business:

12713
20TH EAST
PARRISH, FL 34219

Current Mailing Address:

12713
20TH EAST
PARRISH, FL 34219 US

FEI Number: 26-0319462

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLINICAL ANESTHESIA PROVIDERS PA
12713
20TH EAST
PARRISH, FL 34219 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: JULIO DIAZ MORALES

03/20/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name DIAZ MORALES, JULIO D
Address 12713
20TH EAST
City-State-Zip: PARRISH FL 34219

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

03/20/2019

Electronic Signature of Signing Officer/Director Detail

Date