

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000001576

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

**Current Principal Place of Business:**

1611 GLENDON AVE  
APT.#1  
LOS ANGELES, CA 90024

**Current Mailing Address:**

1611 GLENDON AVE  
APT.#1  
LOS ANGELES, CA 90024 US

**FEI Number:** 33-1200184

**Certificate of Status Desired:** Yes

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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            PRESIDENT  
Name            FARROHI, ALIREZA C DR.  
Address        1611 GLENDON AVE  
                  APT.#1  
City-State-Zip: LOS ANGELES CA 90024

*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:** ALIREZA FARROHI

**PRESIDENT**

**04/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date