

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000023909

Entity Name: RO ANESTHESIA, INC.

Current Principal Place of Business:

4217 CEDAR CREEK RANCH CIR
LAKE WORTH, FL 33467

Current Mailing Address:

4217 CEDAR CREEK RANCH CIR
LAKE WORTH, FL 33467 US

FEI Number: 26-4509154

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SY, ROLANDO G
4217 CEDAR CREEK RANCH CIR
LAKE WORTH, FL 33467 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 SY, ROLANDO G
Address 4217 CEDAR CREEK RANCH CIR
City-State-Zip: LAKE WORTH FL 33467

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: ROLANDO SY

PRESIDENT

01/07/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date