

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000018643

Entity Name: JL ANESTHESIA INC

Current Principal Place of Business:

7514 TRANSOM CT
TAMPA, FL 33607

Current Mailing Address:

7514 TRANSOM CT
TAMPA, FL 33607 US

FEI Number: 27-2076171

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHEELER, JULIA
7514 TRANSOM CT
TAMPA, FL 33607 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 PTSD
Name WHEELER, JULIA
Address 7514 TRANSOM CT
City-State-Zip: TAMPA FL 33607

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: JULIA WHEELER

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04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date