## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000056317

Entity Name: MORGAN ANESTHESIA, P.A.

**Current Principal Place of Business:** 

571 N. HWY. A1A, UNIT 701 SATELLITE BEACH, FL 32937

**Current Mailing Address:** 

571 N. HWY. A1A, UNIT 701 SATELLITE BEACH, FL 32937 US

FEI Number: 45-5561912 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORGAN, ALBERT 571 N. HWY. A1A, UNIT 701 SATELLITE BEACH, FL 32937 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: ALBERT MORGAN 04/20/2017

Electronic Signature of Registered Agent

Date

**FILED** Apr 20, 2017

**Secretary of State** 

CC7874593056

Officer/Director Detail:

Title

Name MORGAN, ALBERT

Address 571 N. HWY. A1A, UNIT 701 City-State-Zip: SATELLITE BEACH FL 32937

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: ALBERT MORGAN **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

04/20/2017 Date