

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000014677

**Entity Name:** CLINICAL ANESTHESIA AND RESEARCH ASSOCIATES  
INCORPORATED

**Current Principal Place of Business:**

6398 GREEN MYRTLE DR  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

6398 GREEN MYRTLE DR  
JACKSONVILLE, FL 32258

**FEI Number:** 46-2085075

**Certificate of Status Desired:** No

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

DANIEL, CAROLE ANNE  
6398 GREEN MYRTLE DR.  
JACKSONVILLE, FL 32258 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           | PD                    | Title           | VPD                   |
| Name            | DANIEL, CAROLE ANNE   | Name            | DANIEL, DALE SCOTT    |
| Address         | 6398 GREEN MYRTLE DR. | Address         | 6398 GREEN MYRTLE DR. |
| City-State-Zip: | JACKSONVILLE FL 32258 | City-State-Zip: | JACKSONVILLE FL 32258 |

*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:** CAROLE ANNE DANIEL

**PRESIDENT**

**04/20/2022**

Electronic Signature of Signing Officer/Director Detail

Date