

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000004966

**Entity Name:** ANESTHESIA SPECIALISTS OF SOUTHERN FLORIDA, INC.

**Current Principal Place of Business:**

12850 VISTA PINE CIR  
FORT MYERS, FL 33913

**Current Mailing Address:**

12850 VISTA PINE CIR  
FORT MYERS, FL 33913 US

**FEI Number:** 47-2846681

**Certificate of Status Desired:** No

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

SAHADEO, ANDY  
12850 VISTA PINE CIR  
FORT MYERS, FL 33913 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 PVST  
Name SAHADEO, ANDY  
Address 12850 VISTA PINE CIR  
City-State-Zip: FORT MYERS FL 33913

*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:** ANDY SAHADEO

**PRESIDENT**

**02/24/2023**

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

\_\_\_\_\_  
Date