

2019 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

CEO

02/24/2019

Electronic Signature of Signing Officer/Director Detail

Date