

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000056565

**Entity Name:** LAKE MARY ANESTHESIA, PA

**Current Principal Place of Business:**

2216 MALLARD CIRCLE  
WINTER PARK, FL 32789

**Current Mailing Address:**

2216 MALLARD CIRCLE  
WINTER PARK, FL 32789 US

**FEI Number:** 47-1752195

**Certificate of Status Desired:** No

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

WILKHU, HARSHDEEP S.  
2216 MALLARD CIRCLE  
WINTER PARK, FL 32789 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:** HARSHDEEP WILKHU

02/27/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WILKHU, HARSHDEEP MD  
Address 2216 MALLARD CIRCLE  
City-State-Zip: WINTER PARK FL 32789

*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:** HARSHDEEP WILKHU

PRESIDENT

02/27/2019

Electronic Signature of Signing Officer/Director Detail

Date