

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000080047

Entity Name: A-WAL ANESTHESIA, INC.

Current Principal Place of Business:

88 NE 56 TERRACE
OCALA, FL 34470

Current Mailing Address:

88 NE 56 TERRACE
OCALA, FL 34470

FEI Number: 82-3662934

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEARS, WALTER
9990 SW 77 AVENUE
2ND FLOOR
MIAMI, FL 33156 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: WALTER SEARS

03/19/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	VP
Name	SEARS, WALTER	Name	SEARS, CINDY
Address	88 NE 56 TERRACE	Address	88 NE 56 TERRACE
City-State-Zip:	OCALA FL 34470	City-State-Zip:	OCALA FL 34470

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: WALTER SEARS

P

03/19/2019

Electronic Signature of Signing Officer/Director Detail

Date