

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000000153

**Entity Name:** SOMNICARE ANESTHESIA INC

**Current Principal Place of Business:**

201 W. GUAVA STREET  
SUITE 202  
LADY LAKE, FL 32159

**Current Mailing Address:**

201 W. GUAVA STREET  
SUITE 202  
LADY LAKE, FL 32159 US

**FEI Number:** 27-1807118

**Certificate of Status Desired:** Yes

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

SABET-PAYMAN, DARYOUSH  
201 WEST GUAVA STREET  
SUITE 202  
LADY LAKE, FL 32159 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 P  
Name SABET-PAYMAN, DARYOUSH  
Address 201 W. GUAVA STREET, SUITE 202  
City-State-Zip: LADY LAKE FL 32159

*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:** DARYOUSH SABET-PAYMAN

**PRESIDENT**

**08/19/2021**

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

\_\_\_\_\_  
Date