

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000008381

**Entity Name:** TRANQUILITY ANESTHESIA P.A.

**Current Principal Place of Business:**

145 SHORELAND DR.  
OSPNEY, FL 34229

**Current Mailing Address:**

303 W. LAUREL RD. UNIT 1089  
NOKOMIS, FL 34275 US

**FEI Number: 86-1946894**

**Certificate of Status Desired:** No

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

SCHULTZ, BRIAN J  
145 SHORELAND DR.  
OSPNEY, FL 34229 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 SCHULTZ, BRIAN J  
Address 303 W. LAUREL RD. UNIT 1089  
City-State-Zip: NOKOMIS FL 34275

*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: BRIAN SCHULTZ**

**PRESIDENT**

**03/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date