

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000029276

**Entity Name:** ETHERFROLICS ANESTHESIA CORP

**Current Principal Place of Business:**

900 NE 26TH ST APT 1  
WILTON MANORS, FL 33305

**Current Mailing Address:**

900 NE 26TH ST APT 1  
WILTON MANORS, FL 33305 US

**FEI Number: 88-1880504**

**Certificate of Status Desired:** No

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

FULKERSON, JUSTIN SCOTT  
901 NE 26TH STREET  
APT 1  
WILTON MANORS, FL 33305 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:** JUSTIN FULKERSON

02/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FULKERSON, JUSTIN  
Address 900 NE 26TH ST APT 1  
City-State-Zip: WILTON MANORS FL 33305

*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:** JUSTIN FULKERSON

OWNER

02/16/2024

Electronic Signature of Signing Officer/Director Detail

Date