

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000094644

**Entity Name:** SURFSIDE ANESTHESIA SERVICES, INC.

**Current Principal Place of Business:**

6 ARAGON AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 21026  
FT. LAUDERDALE, FL 33335 US

**FEI Number:** 65-0718526

**Certificate of Status Desired:** No

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

GILLIS, LESLIE  
6 ARAGON AVENUE  
CORAL GABLES, FL 33134 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:** LESLIE GILLIS

04/24/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name DEMEO, RON  
Address 6 ARAGON AVENUE  
City-State-Zip: CORAL GABLES FL 33134

*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:** RONALD DEMEO

D

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date