

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052802

Entity Name: ANESTHESIA OUTPATIENT SOLUTIONS, P.A.

Current Principal Place of Business:

5716 WHIRLAWAY ROAD
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

5716 WHIRLAWAY ROAD
PALM BEACH GARDENS, FL 33418 US

FEI Number: 65-0859439

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVAREZ, RAMON
5716 WHIRLAWAY ROAD
PALM BEACH GARDENS, FL 33418 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	Title	VP
Name	ALVAREZ, RAMON	Name	ALVAREZ, PATRICIA A
Address	5716 WHIRLAWAY RD	Address	5716 WHIRLAWAY RD
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418

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: RAMON ALVAREZ

01/27/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date