

**2013 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:** PATRICIA ALVAREZ

**PRESIDENT**

**04/26/2013**

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

\_\_\_\_\_  
Date