

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052802

Entity Name: ANESTHESIA OUTPATIENT SOLUTIONS, P.A.

FILED
Feb 18, 2020
Secretary of State
5348856537CC

Current Principal Place of Business:

4700 SHERIDAN STREET
SUITE J
HOLLYWOOD, FL 33021

Current Mailing Address:

4700 SHERIDAN STREET
SUITE J
HOLLYWOOD, FL 33021 US

FEI Number: 65-0859439

Certificate of Status Desired: Yes

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
Name ALVAREZ, RAMON
Address 5716 WHIRLAWAY RD
City-State-Zip: PALM BEACH GARDENS FL 33418

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

Title PRESIDENT
Name WEISE, THOMAS
Address 4700 SHERIDAN STREET
SUITE J
City-State-Zip: HOLLYWOOD FL 33021

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: THOMAS WEISE

PRESIDENT

02/18/2020

Electronic Signature of Signing Officer/Director Detail

Date