

**2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000052802

**Entity Name:** ANESTHESIA OUTPATIENT SOLUTIONS, P.A.

**Current Principal Place of Business:**

13807 BAYCLIFF DR  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

13807 BAYCLIFF DR  
NORTH PALM BEACH, FL 33408 US

**FEI Number:** 65-0859439

**Certificate of Status Desired:** No

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

ALVAREZ, RAMON  
13807 BAYCLIFF DR  
NORTH PALM BEACH, FL 33408 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            PRESIDENT  
Name            ALVAREZ, RAMON  
Address        13807 BAYCLIFF DR  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            VP  
Name            ALVAREZ, PATRICIA A  
Address        13807 BAYCLIFF DR  
City-State-Zip: NORTH PALM BEACH FL 33408

*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

VP

04/09/2020

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

\_\_\_\_\_  
Date