

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000002593

**Entity Name:** SWEET DREAMS ANESTHESIA, INC.**Current Principal Place of Business:**1321 MURFREESBORO PIKE  
SUITE 505  
NASHVILLE, TN 37217**Current Mailing Address:**PO BOX 331086  
NASHVILLE, TN 37203 US**FEI Number:** 45-2933129**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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 SECRETARY  
Name JONES, MICHELLE  
Address 1321 MURFREESBORO PIKE  
SUITE 505  
City-State-Zip: NASHVILLE TN 37217

Title DIRECTOR  
Name JONES, MICHELLE  
Address 1321 MURFREESBORO PIKE  
SUITE 505  
City-State-Zip: NASHVILLE TN 37217

Title CEO  
Name JONES, AARON  
Address 1321 MURFREESBORO PIKE  
SUITE 505  
City-State-Zip: NASHVILLE TN 37217

Title CFO  
Name JONES, AARON  
Address 1321 MURFREESBORO PIKE  
SUITE 505  
City-State-Zip: NASHVILLE TN 37217

Title DIRECTOR  
Name JONES, AARON  
Address 1321 MURFREESBORO PIKE  
SUITE 505  
City-State-Zip: NASHVILLE TN 37217

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:** JONES, AARON

CEO

03/18/2022

Electronic Signature of Signing Officer/Director Detail

Date