

2024 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:

1321 MURFREESBORO PIKE
SUITE 505
NASHVILLE, TN 37217 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 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: AARON JONES

CEO

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date