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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

WEST	FLORIDA ANESTHESIA, P.										
incipal Place of Business  WEST FLORIDA ANESTHESIA. P.A. 11377 CORTEZ BLVD.		WE P.O	Mailing Address  WEST FLORIDA ANESTHESIA, P.A. P.O. BOX 5719								
BROOKSVILL	E FL 34613	SPF	RING HILL FL 3460	<b>J</b> 6			3. Date Incorporat 06/15/19		3a. E	Date of Last I 05/01/1	
Principal Plac	e of Business	2a. Mai	iling Address	,			4. FEI Number 59-2950	0096			Applied For Not Applicable
Sute, Apt. #,	etc.	Suit	te, Apt. #, etc.				5. Certificate of St				5 Additional Required
City & State		27 City	y & State				6. Election Campa			\$5.	00 May Be
	Country	28 Zip		Countr	ry		Trust Fund Con  8. This corporation				ed to Fees s 199.032,
Zifi	25	29		30			Florida Statutes	ş 🗹 Ye:	s ∏No	)	
	9. Name and Address of Curren	nt Registere	d Agent	8	1 Nan	i <del>0</del>	10. Name and Ad	GIESS OI NEW	riogiatoi	ou Agom	
TRACY, DEBORAH MD						et Addre	ess (P.O. Box Number	is Not Accepta	ible)		
	rwelve oaks CT Sville FL 34613				3					<del></del>	
BHOON	SVILLE PE 34013			8	4 City					EL 85	Zip Code
					1					changing its	s registered office
1. Pursuant to	the provisions of Sections 607.0502	2 and 607.15	608, Florida Statut	es, the above	namec	corpora	ation submits this state	ement for the pu	urpose of nointmen	t se renieren	ed agent I am
	i the provisions of Sections 607.0502 d agent, or both, in the State of Flori i, and accept the obligations of, Sect				e-named rporation	corpora i's board	ation submits this state d of directors. I hereby	ement for the pu y accept the ap	urpose of pointmen	t as registeri	ed agent. I am
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