

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90327 050 ***150.00

DOCUMENT # **P01000005187**

Entity Name

PROFESSIONAL ANESTHESIA, INC.



Principal Place of Business

**4020 GALT OCEAN DR #1501
FT LAUDERDALE FL 33308**

Mailing Address

**4020 GALT OCEAN DR #1501
FT LAUDERDALE FL 33308**



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3696811**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required *EMR*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WENNIGER, DAVID

**4020 GALT OCEAN DR #1501
FT LAUDERDALE FL 33308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

also Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1. NAME 2. STREET ADDRESS 3. CITY - ST - ZIP	<input type="checkbox"/> Delete	1. NAME 2. STREET ADDRESS 3. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
1. NAME 2. STREET ADDRESS 3. CITY - ST - ZIP	<input type="checkbox"/> Delete	1. NAME 2. STREET ADDRESS 3. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
1. NAME 2. STREET ADDRESS 3. CITY - ST - ZIP	<input type="checkbox"/> Delete	1. NAME 2. STREET ADDRESS 3. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
1. NAME 2. STREET ADDRESS 3. CITY - ST - ZIP	<input type="checkbox"/> Delete	1. NAME 2. STREET ADDRESS 3. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
1. NAME 2. STREET ADDRESS 3. CITY - ST - ZIP	<input type="checkbox"/> Delete	1. NAME 2. STREET ADDRESS 3. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
1. NAME 2. STREET ADDRESS 3. CITY - ST - ZIP	<input type="checkbox"/> Delete	1. NAME 2. STREET ADDRESS 3. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

D. Wenniger

DAVID WENNIGER

4/18/05 888-446-

Ph. #954-448-2128