2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000006143

1. Entity Name
SUN ANESTHESIA, INC.

Principal Place of Business	Mailing Address
3401 SW 195TH AVE MIAMI, FL 33029	3401 SW 195TH AVE MIAMI, FL 33029

U00000368293
05/25/05-80007-016 150.00

05182005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
31-1746453	Not Applicable

| 5. Certificate of Status Desired | ☐ | $8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SCHMIDT, ERIC
3401 SW 195TH AVE
MIAMI, FL 33029

DO NOT WRITE IN THIS SPACE

8. 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 reinstating)   DATE

| 9. Election Campaign Financing Trust Fund Contribution. | ☐ | $5.00 May Be Added to Fees |

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHMIDT, ERIC
STREET ADDRESS	3401 SW 195TH AVE
CITY-ST-ZIP	MIAMI, FL 33029

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: _____   5/18/05   954-441-2436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #