

2007 **FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90006 007 ***150.00

DOCUMENT # P06000012823

1. Entity Name

Devine Anesthesia, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

185 N.E. 4th Avenue

3. Mailing Address

Same

Suite, Apt. #, etc.

#203

Suite, Apt. #, etc.

City & State

Delray Beach, Fl

City & State

4. FEI Number

54-2194769

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Henry Dean, P.A.

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

Del-Ida Pro.District

251 Dixie Blvd.

City

Delray Beach,

FL

Zip Code

33444

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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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Malon Devine
185 N.E. 4th Ave, #203
Delray Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-7