2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2024
Secretary of State
8412793082CC

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Entity Name: ANESTHESIA & PAIN CONSULTANTS OF SOUTHWEST FLORIDA, M.D., P.A.

Current Principal Place of Business:

12511 WORLD PLAZA LANE BLDG #50
FORT MYERS, FL 33907

Current Mailing Address:

12511 WORLD PLAZA LANE BLDG #50
FORT MYERS, FL 33907 US

FEI Number: 59-1783920

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HF REGISTERED AGENTS, LLC
1715 MONROE STREET
FORT MYERS, FL 33901 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: ERIN E. HOUCK-TOLL, VICE-PRESIDENT 02/06/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DVP	Title	DT
Name	SHUCAVAGE, BERNARD DR.	Name	HOMOLKA JR, CHARLES DR.
Address	12511 WORLD PLAZA LANE BLDG #50	Address	12511 WORLD PLAZA LANE BLDG #50
City-State-Zip:	FORT MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33907
Title	DS	Title	DP
Name	TURNER, ROBERT DR.	Name	BISBEE, CHARLES A DR.
Address	12511 WORLD PLAZA LANE BLDG #50	Address	12511 WORLD PLAZA LANE BLDG #50
City-State-Zip:	FORT MYERS FL 33097	City-State-Zip:	FORT MYERS FL 33907
Title	D		
Name	SANDADI, JENNIFER DR		
Address	12511 WORLD PLAZA LANE BLDG #50		
City-State-Zip:	FORT MYERS FL 33907		

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: DR. CHARLES A BISBEE PRESIDENT 02/06/2024

Electronic Signature of Signing Officer/Director Detail — Date