

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 555239

Entity Name: ANESTHESIA & PAIN CONSULTANTS OF SOUTHWEST
FLORIDA, M.D., P.A.**FILED**
Jul 25, 2023
Secretary of State
7473702989CC**Current Principal Place of Business:**12511 WORLD PLAZA LANE BLDG #50
FORT MYERS, FL 33097**Current Mailing Address:**12511 WORLD PLAZA LANE BLDG #50
FORT MYERS, FL 33097**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**07/25/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DVP
Name	SHUCAVAGE, BERNARD DR.
Address	12511 WORLD PLAZA LANE BLDG #50
City-State-Zip:	FORT MYERS FL 33097

Title	DT
Name	HOMOLKA JR, CHARLES DR.
Address	12511 WORLD PLAZA LANE BLDG #50
City-State-Zip:	FORT MYERS FL 33097

Title	DS
Name	TURNER, ROBERT DR.
Address	12511 WORLD PLAZA LANE BLDG #50
City-State-Zip:	FORT MYERS FL 33097

Title	DP
Name	BISBEE, CHARLES A DR.
Address	12511 WORLD PLAZA LANE BLDG #50
City-State-Zip:	FORT MYERS FL 33097

Title	D
Name	SANDADI, JENNIFER DR
Address	12511 WORLD PLAZA LANE BLDG #50
City-State-Zip:	FORT MYERS FL 33097

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****07/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date