

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047338

Entity Name: CORAL GABLES ANESTHESIA ASSOCIATION CORP.

Current Principal Place of Business:

2645 DOUGLAS ROAD
SUITE # 400
MIAMI, FL 33133

Current Mailing Address:

P.O.BOX 140220
CORAL GABLES, FL 33114

FEI Number: 59-3723991

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MACIAS, DAISY T
2645 DOUGLAS ROAD
SUITE # 400
MIAMI, FL 33133 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PSTD
Name MACIAS, DAISY T
Address P.O.BOX 140220
City-State-Zip: MIAMI FL 33114

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: DAISY MACIAS

PRESIDENT

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date