

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000047338

**Entity Name:** CORAL GABLES ANESTHESIA ASSOCIATION CORP.

**Current Principal Place of Business:**

4300 ALTON ROAD  
SUITE 205 A  
MIAMI BEACH, FL 33140

**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  
4300 ALTON ROAD  
SUITE 205 A  
MIAMI BEACH, FL 33140 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 T. MACIAS**

**PRESIDENT**

**02/13/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date