

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000081639

**Entity Name:** ANESTHESIA COMPREHENSIVE SERVICES, PA

**Current Principal Place of Business:**

1880 SW 36 CT  
MIAMI, FL 33145

**Current Mailing Address:**

1880 SW 36 CT  
MIAMI, FL 33145

**FEI Number:** 65-1139527

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MORALES AGUILAR, FRANKLIN JM.D.  
1880 SW 36 CT  
MIAMI, FL 33145 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 DP  
Name MORALES AGUILAR, FRANKLIN JM.D.  
Address 1880 SW 36 CT  
City-State-Zip: MIAMI FL 33145

*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:** MORALES AGUILAR , FRANKLIN

PD

02/27/2017

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

\_\_\_\_\_ Date