

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000006541

**Entity Name:** KOGL ANESTHESIA, INC.

**Current Principal Place of Business:**

156 DELEON RD  
DEBARY, FL 32713

**Current Mailing Address:**

P.O. BOX 530100  
DEBARY, FL 32753

**FEI Number:** 26-1820085

**Certificate of Status Desired:** No

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

KOGL, WILLIAM R  
156 DELEON RD  
DEBARY, FL 32713 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 P  
Name KOGL, WILLIAM R  
Address 156 DELEON RD  
City-State-Zip: DEBARY FL 32713

*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:** WILLIAM KOGL

**PRESIDENT**

**02/26/2014**

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

\_\_\_\_\_  
Date