## **2013 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

**FILED** Jul 12, 2013

**Secretary of State** 

CC1921593466

## Officer/Director Detail:

Title

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

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

07/12/2013

Date