

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000019411

**Entity Name:** TATIANA ANESTHESIA SERVICES, P.A.

**Current Principal Place of Business:**

455 GOLF BROOK LANE  
101  
LONGWOOD, FL 32779

**Current Mailing Address:**

455 GOLF BROOK LANE  
101  
LONGWOOD, FL 32779 US

**FEI Number:** 27-0723090

**Certificate of Status Desired:** No

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

MCCUEN, TATIANA  
455 GOLF BROOK LANE  
101  
LONGWOOD, FL 32779 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            PST  
Name            MCCUEN, TATIANA  
Address        455 GOLF BROOK LANE  
                  101  
City-State-Zip: LONGWOOD FL 32779

Title            VP  
Name            REYES AKININ, RAFAEL  
Address        205 TUSCARORA RD.  
City-State-Zip: WHISPERING PINES NC 28327

*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:** MCCUEN TATIANA

**PRESIDENT**

**02/01/2025**

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

\_\_\_\_\_  
Date