

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000071903

**Entity Name:** OPTIMAL ANESTHESIA TWO, INC.

**Current Principal Place of Business:**

21691 FRONTENAC COURT  
BOCA RATON, FL 33433

**Current Mailing Address:**

21691 FRONTENAC COURT  
BOCA RATON, FL 33433 US

**FEI Number:** 38-3804009

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
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	PD	Title	VSD
Name	KIFFEL, STEVEN M	Name	KIFFEL, SHIRLEY
Address	21691 FRONTENAC COURT	Address	21691 FRONTENAC COURT
City-State-Zip:	BOCA RATON FL 33433	City-State-Zip:	BOCA RATON FL 33433

*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:** STEVEN M. KIFFEL, MD

**PRESIDENT**

**02/10/2013**

Electronic Signature of Signing Officer/Director Detail

Date