2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2017
Secretary of State
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Entity Name: AAA ANESTHESIA PROVIDERS PA

Current Principal Place of Business:

7360 SW 130 ST.
PINECREST, FL 33156

Current Mailing Address:

7360 SW 130 ST.
PINECREST, FL 33156

FEI Number: 27-2296851

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VERA, JASON E
7360 SW 130 ST.
PINECREST, FL 33156 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	Title	TRE.
Name	VERA, JASON E	Name	VERA, JASON E
Address	7360 SW 130 ST.	Address	7360 SW 130 ST.
City-State-Zip:	PINECREST FL 33156	City-State-Zip:	PINECREST FL 33156
Title	SEC.	Title	VP
Name	VERA, JASON E	Name	VERA, CHRISTINA MARIA DR.
Address	7360 SW 130 ST.	Address	7360 SW 130 ST.
City-State-Zip:	PINECREST FL 33156	City-State-Zip:	PINECREST FL 33156

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: JASON VERA PRESIDENT 04/03/2017

Electronic Signature of Signing Officer/Director Detail — Date