

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000065002

Entity Name: GRIFFIN ANAESTHESIA SERVICES, PA**Current Principal Place of Business:**5391 HICKORY WOOD DRIVE
NAPLES, FL 34119**Current Mailing Address:**11665 COLLIER BLVD
#990930
NAPLES, FL 34116 US**FEI Number:** 27-3243765**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LAWSON, GARY A
5391 HICKORY WOOD DR
NAPLES, FL 34119 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:** GARY LAWSON

03/13/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	VP
Name	LAWSON, GARY A	Name	SEIKE, MAI
Address	5391 HICKORY WOOD DR	Address	5391 HICKORY WOOD DRIVE
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119
Title	SECRETARY		
Name	BOUCHER, AUDREY		
Address	5391 HICKORY WOOD DRIVE		
City-State-Zip:	NAPLES FL 34119		

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: GARY LAWSON

PRESIDENT

03/13/2021

Electronic Signature of Signing Officer/Director Detail

Date