

2024 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: No

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

01/31/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LAWSON, GARY A
Address 5391 HICKORY WOOD DR
City-State-Zip: NAPLES FL 34119

Title VP
Name SEIKE, MAI
Address 5391 HICKORY WOOD DRIVE
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

01/31/2024

Electronic Signature of Signing Officer/Director Detail

Date