

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000005293

**Entity Name:** COMPASSIONATE ANESTHESIA, INC

**Current Principal Place of Business:**

2082 NE 167TH ST  
UNIT 1  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

2082 NE 167TH ST  
UNIT 1  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 46-1795385

**Certificate of Status Desired:** No

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

KOGAN, MARIYA  
2082  
NE 167 STREET 1  
NORTH MIAMI BEACH, FL 33162 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:** MARIYA KOGAN

01/28/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name KOGAN, MARIYA  
Address 2082 NE 167TH ST UNIT 1  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** MARIYA KOGAN

PRESIDENT

01/28/2015

Electronic Signature of Signing Officer/Director Detail

Date