

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000043818

Entity Name: AURA ANESTHESIA INC.

Current Principal Place of Business:

4814 APACHE AVE
JACKSONVILLE, FL 32210

Current Mailing Address:

4814 APACHE AVE
JACKSONVILLE, FL 32210

FEI Number: 46-3035806

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAPIRO, DAVID P
4814 APACHE AVE
JACKSONVILLE, FL 32210 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 | VP |
| Name | SHAPIRO, DAVID P | Name | SHAPIRO, JULIE L |
| Address | 4814 APACHE AVE | Address | 4814 APACHE AVE |
| City-State-Zip: | JACKSONVILLE FL 32210 | City-State-Zip: | JACKSONVILLE FL 32210 |

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: DAVID SHAPIRO

PRESIDENT

03/25/2014

Electronic Signature of Signing Officer/Director Detail

Date