

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000010124

Entity Name: MCA ANESTHESIA INC

Current Principal Place of Business:

3001 SW 24TH AVE
1313
OCALA, FL 34471

Current Mailing Address:

3001 SW 24TH AVE
1313
OCALA, FL 34471 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLEN, MISTY
3001 SW 24TH AVE
1313
OCALA, FL 34471 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
Name ALLEN, MISTY
Address 3001 SW 24TH AVE
1313
City-State-Zip: Ocala FL 34471

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: MISTY ALLEN

PRESIDENT

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date