

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000010124

Entity Name: MCA ANESTHESIA INC

Current Principal Place of Business:

13750 SUMMER HARBOR CT
WINDEMERE, FL 34786

Current Mailing Address:

13750 SUMMER HARBOR CT
WINDEMERE, FL 34786 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLEN, MISTY
13750 SUMMER HARBOR CT
WINDEMERE, FL 34786 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 13750 SUMMER HARBOR CT
City-State-Zip: WINDEMERE FL 34786

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

08/02/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date