

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000039005

**Entity Name:** EXCELLENT ANESTHESIA AND PAIN MANAGEMENT  
COMPANY**Current Principal Place of Business:**2676 MYAKKA MARSH LANE  
PORT CHARLOTTE, FL 33953**Current Mailing Address:**2676 MYAKKA MARSH LANE  
PORT CHARLOTTE, FL 33953**FEI Number: APPLIED FOR****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DRUMMOND, TEMPLE H ESQ.  
6987 EAST FOWLER AVENUE  
TAMPA, FL 33617 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	D	Title	D
Name	ADDULA, MADHURI	Name	MANCHIREDDY, SUMAN
Address	93 8TH STREET	Address	7047 ASHLEIGH MANOR COURT
City-State-Zip:	STOUGHTON MA 02072	City-State-Zip:	ALEXANDRIA VA 22315
Title	D	Title	P
Name	CHAMAKURA, AMARENDER	Name	ADUSUMALLI, ANIL K
Address	45 LA VINA STREET	Address	2676 MYAKKA MARSH LANE
City-State-Zip:	DUBLIN CA 95468	City-State-Zip:	PORT CHARLOTTE FL 33953

*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: ANIL K. ADUSUMALLI****PRESIDENT****03/29/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date