

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000044205

Entity Name: EDELWEISS ANESTHESIA, INC.

Current Principal Place of Business:

307 SUNRISE CIRCLE
NEPTUNE BEACH, FL 32266

Current Mailing Address:

307 SUNRISE CIRCLE
NEPTUNE BEACH, FL 32266 US

FEI Number: 47-0987491

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALVATO, KIMBERLY J
307 SUNRISE CIRCLE
NEPTUNE BEACH, FL 32266 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, D
Name SALVATO, KIMBERLY J
Address 307 SUNRISE CIRCLE
City-State-Zip: NEPTUNE BEACH FL 32266

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: KIMBERLY SALVATO

PRESIDENT

04/06/2015

Electronic Signature of Signing Officer/Director Detail

Date