

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000004304

**Entity Name:** EMERALD CITY ANESTHESIA INC

**Current Principal Place of Business:**

14750 BEACH BLVD  
#18  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

8008 HOLIDAY ROAD SOUTH  
JACKSONVILLE, FL 32216

**FEI Number:** 81-5205144

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILKINSON GOODROE, CAROLINE K  
14750 BEACH BLVD  
#18  
JACKSONVILLE BEACH, FL 32250 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 WILKINSON GOODROE, CAROLINE K  
Address 8008 HOLIDAY ROAD SOUTH  
City-State-Zip: JACKSONVILLE FL 32216

*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:** CAROLINE WILKINSON GOODROE

**OWNER**

**04/07/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date