

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000048069

**Entity Name:** TRUE NORTH ANESTHESIA INCORPORATED

**Current Principal Place of Business:**

4814 APACHE AVE  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4814 APACHE AVE  
JACKSONVILLE, FL 32210 US

**FEI Number: 82-1768811**

**Certificate of Status Desired: No**

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

SHAPIRO, DAVID P  
4814 APACHE AVE  
JACKSONVILLE, FL 32210 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	Title	VP
Name	SHAPIRO, DAVID P	Name	SHAPIRO, JULIE L
Address	4814 APACHE AVE	Address	4814 APACHE AVE
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210

*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: DAVID SHAPIRO**

**PRESIDENT**

**03/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date