

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000000130

Entity Name: ZAITA ANESTHESIA, PA

Current Principal Place of Business:

5707 CLOUDS PEAK DR
LUTZ, FL 33558

Current Mailing Address:

5707 CLOUDS PEAK DR
LUTZ, FL 33558 US

FEI Number: 82-3847950

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUIZ ZAITA, ALAIN
5707 CLOUDS PEAK DR
LUTZ, FL 33558 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 RUIZ ZAITA, ALAIN
Address 5707 CLOUDS PEAK DR
City-State-Zip: LUTZ FL 33558

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: ALAIN RUIZ ZAITA

PRESIDENT

05/01/2019

Electronic Signature of Signing Officer/Director Detail

Date