

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000041622

**Entity Name:** GUZAN ANESTHESIA STAFFING, INC

**Current Principal Place of Business:**

5753 HWY 85 NORTH #5899  
CRESTVIEW, FL 32536

**Current Mailing Address:**

5753 HWY 85 NORTH #5899  
CRESTVIEW, FL 32536

**FEI Number: 82-0948538**

**Certificate of Status Desired: No**

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

GUZAN, JAMES  
5753 HWY 85 NORTH #5899  
CRESTVIEW, FL 32536 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 GUZAN, JAMES  
Address 5753 HWY 85 NORTH #5899  
City-State-Zip: CRESTVIEW FL 32536

*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: JAMES E. GUZAN**

**PRESIDENT**

**08/21/2019**

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

\_\_\_\_\_  
Date