

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000042280

**Entity Name:** NELSON ANESTHESIA SERVICES INC

**Current Principal Place of Business:**

7120 4TH ST  
VERO BEACH, FL 32968

**Current Mailing Address:**

7120 4TH ST  
VERO BEACH, FL 32968

**FEI Number: 84-1745513**

**Certificate of Status Desired: No**

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

NELSON, BROOKE A  
7120 4TH ST  
VERO BEACH, FL 32968 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 NELSON, BROOKE A  
Address 7120 4TH ST  
City-State-Zip: VERO BEACH FL 32968

*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: BROOKE NELSON**

**PRESIDENT**

**02/21/2020**

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

\_\_\_\_\_  
Date