## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000010350

Entity Name: ROSEWOOD ANESTHESIA INC

**Current Principal Place of Business:** 

12927 RAIN FOREST ST TEMPLE TERRACE. FL 33617

**Current Mailing Address:** 

12927 RAIN FOREST ST

TEMPLE TERRACE. FL 33617 US

FEI Number: 88-0776718 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADLY, ABDUR RAHMAN 12927 RAIN FOREST ST TEMPLE TERRACE, FL 33617 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

FILED Jan 31, 2024

**Secretary of State** 

4680294556CC

## Officer/Director Detail:

Title F

Name ADLY, ABDUR RAHMAN
Address 12927 RAIN FOREST ST

City-State-Zip: TEMPLE TERRACE FL 33617

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: ABDURRAHMAN ADLY

**PRESIDENT** 

01/31/2024

Electronic Signature of Signing Officer/Director Detail

Date