

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000024518

Entity Name: FLORIDA ANESTHESIOLOGY & PAIN CLINIC, P.A.

Current Principal Place of Business:

3355 BURNS ROAD,
102
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

748 LAKESIDE DRIVE
NORTH PALM BEACH, FL 33408 US

FEI Number: 65-0657321

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

XAVIER, RAVI M.D.
748 LAKESIDE DRIVE
NORTH PALM BEACH, FL 33408 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 PSTD
Name XAVIER, RAVI M.D.
Address 748 LAKESIDE DRIVE
City-State-Zip: NORTH PALM BEACH FL 33408

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: RAVI XAVIER MD

PSTD

03/19/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date