

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000024518

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

**Current Principal Place of Business:**

5420 ORANGE AVENUE  
FORT PIERCE, FL 34947

**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

PSTD

03/23/2015

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

\_\_\_\_\_ Date