

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000628

**Entity Name:** CAB ANESTHESIA INC.

**Current Principal Place of Business:**

31478 PINE RUN DR  
ORANGE BEACH, AL 36561

**Current Mailing Address:**

31478 PINE RUN DR  
ORANGE BEACH, AL 36561

**FEI Number:** 45-3236830

**Certificate of Status Desired:** No

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

BERRY, NOAH  
6 CADIZ ST  
GULF BREEZE, FL 32561 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 CPVS  
Name BERRY, CLINTON  
Address 31478 PINE RUN DR  
City-State-Zip: ORANGE BEACH AL 36561

Title T  
Name BERRY, CLINTON  
Address 31478 PINE RUN DR  
City-State-Zip: ORANGE BEACH AL 36561

*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:** CLINTON BERRY

**PRESIDENT**

**01/31/2014**

Electronic Signature of Signing Officer/Director Detail

Date