

2017 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

02/08/2017

Electronic Signature of Signing Officer/Director Detail

Date