

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045127

Entity Name: L.A.D. ANESTHESIA INC.

Current Principal Place of Business:

6305 ESTATES DRIVE
NORTH PORT, FL 34291

Current Mailing Address:

6305 ESTATES DRIVE
NORTH PORT, FL 34291 US

FEI Number: 59-3716443

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REYNOLDS, DEBORAH A
6305 ESTATES DRIVE
NORTH PORT, FL 34286 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 PST
Name REYNOLDS, DEBORAH A
Address 6305 ESTATES DRIVE
City-State-Zip: NORTH PORT FL 34291

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: DEBORAH A REYNOLDS

PST

02/10/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date