

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G21000171511

Fictitious Name to be Registered: SUNRISE ANESTHESIA

Mailing Address of Business: 4698 SW 13TH TERRACE
MIAMI, FL 33134

Florida County of Principal Place of Business: MULTIPLE

FEI Number: 87-4092515

Owner(s) of Fictitious Name:

WIGLEY, JASON
4698 SW 13TH TERRACE
MIAMI, FL 33134

FILED
Dec 27, 2021
Secretary of State

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

JASON WIGLEY

12/27/2021

Electronic Signature(s)

Date

Certificate of Status Requested ()

Certified Copy Requested (X)