

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600008

Entity Name: ANESTHESIA ASSOCIATES OF GREATER MIAMI, P.A.**Current Principal Place of Business:**6200 SW 73RD STREET
SOUTH MIAMI, FL 33143**Current Mailing Address:**8301 NW 197 ST
MIAMI, FL 33015 US**FEI Number:** 59-0944132**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHEEMA, BALWANT
8301 NW 197 ST
MIAMI, FL 33015 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 TREASURER, DIRECTOR
Name FARAH, JORGE
Address 3621 NORTH PROSPECT DR
City-State-Zip: MIAMI FL 33133

Title PRESIDENT, DIRECTOR
Name MEISTER, MICHAEL
Address 5880 S.W. 116TH ST
City-State-Zip: MIAMI FL 33156

Title VP, DIRECTOR
Name RUAN, JUAN E
Address 6240 SW 118 TERRACE
City-State-Zip: MIAMI FL 33156

Title VP, DIRECTOR
Name ZAYED-MOUSTAFA, M HATEM
Address 650 WEST AVE
 1409
City-State-Zip: MIAMI BEACH FL 33139

Title VP, DIRECTOR
Name BURNS, STEVEN
Address 14063 S.W. 67TH PLACE
City-State-Zip: MIAMI FL 33158

Title VP, DIRECTOR
Name POL, GUILLERMO
Address 329 CAMPANA AVE
City-State-Zip: CORAL GABLES FL 33156

Title VP, DIRECTOR
Name GRACIELA, ZAYDEN C
Address 10825 SW 135 TERRACE
City-State-Zip: MIAMI FL 33176

Title VP, DIRECTOR
Name RICARDO, RUBEN J
Address PO BOX 669036
City-State-Zip: MIAMI FL 33166

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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: JORGE FARAH**TREASURER****06/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name CRUZ, CARLOS A
Address 2566 TRAPP AVE
City-State-Zip: COCONUT GROVE FL 33133

Title VP
Name GOZLAN, ITAI
Address 7560 SW 56TH COURT
City-State-Zip: MIAMI FL 33143

Title VP
Name LOUKAS, ANDREW
Address 800 WEST AVENUE
APT 845
City-State-Zip: MIAMI BEACH FL 33139

Title VP
Name GABAY, MAURICE
Address 5855 SW 102 ST
City-State-Zip: PINECREST FL 33156

Title VP
Name LEE, TRAVIS
Address 808 BRICKELL KEY DRIVE
2207
City-State-Zip: MIAMI FL 33131