

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02832

**Entity Name:** ORLANDO ANESTHESIA CONSULTANTS, P.A.

**Current Principal Place of Business:**

1901 ULMERTON RD  
SUITE 485  
CLEARWATER, FL 33762

**Current Mailing Address:**

1901 ULMERTON RD  
SUITE 485  
CLEARWATER, FL 33762 US

**FEI Number:** 74-2074766

**Certificate of Status Desired:** No

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

ADDONIZIO, MARK A DR.  
1901 ULMERTON RD  
SUITE 485  
CLEARWATER, FL 33762 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:** MARK A. ADDONIZIO

01/09/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSD  
Name ADDONIZIO, MARK A DR.  
Address 1901 ULMERTON RD  
SUITE 485  
City-State-Zip: CLEARWATER FL 33762

Title VP  
Name HUSARENKO, EUGENE DR.  
Address 1901 ULMERTON RD  
SUITE 485  
City-State-Zip: CLEARWATER FL 33762

Title TD  
Name URTON, RONALD J DR.  
Address 1901 ULMERTON RD  
SUITE 485  
City-State-Zip: CLEARWATER FL 33762

Title VP  
Name TERYL, JAMES DR.  
Address 1901 ULMERTON RD  
SUITE 485  
City-State-Zip: CLEARWATER FL 33762

Title VP  
Name ROSE, PETER DR.  
Address 1901 ULMERTON RD  
SUITE 485  
City-State-Zip: CLEARWATER FL 33762

Title VPD  
Name SEGARRA, THOMAS JR., DR  
Address 1901 ULMERTON RD  
SUITE 485  
City-State-Zip: CLEARWATER FL 33762

*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:** MARK ADDONIZIO

PSD

01/09/2021

Electronic Signature of Signing Officer/Director Detail

Date