

**2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F02832

**FILED  
Dec 21, 2017  
Secretary of State  
CC4116113109**

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

**Current Principal Place of Business:**

291 SOUTHHALL LANE  
MAITLAND, FL 32751

**Current Mailing Address:**

291 SOUTHHALL LANE  
MAITLAND, FL 32751 US

**FEI Number: 74-2074766**

**Certificate of Status Desired: No**

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

SEFTON, WILLIAM DMD  
291 SOUTHHALL LANE  
MAITLAND, FL 32751 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: WILLIAM SEFTON, DMD**

**12/21/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VPD  
Name COGSWELL, NEALE A DR.  
Address 851 TRAFALGAR COURT  
200E  
City-State-Zip: MAITLAND FL 32751

Title PD  
Name SEFTON, WILLIAM D DR.  
Address 851 TRAFALGAR COURT  
200E  
City-State-Zip: MAITLAND FL 32751

Title SD  
Name ADDONIZIO, MARK A DR.  
Address 851 TRAFALGAR COURT  
200E  
City-State-Zip: MAITLAND FL 32751

Title TD  
Name WILKHU, HARSHDEEP S DR.  
Address 851 TRAFALGAR COURT  
200E  
City-State-Zip: MAITLAND FL 32751

Title VPD  
Name COLE, BRITTEN L DR.  
Address 851 TRAFALGAR COURT  
200E  
City-State-Zip: MAITLAND FL 32751

Title VPD  
Name GRODIN, BENJAMIN DR.  
Address 851 TRAFALGAR COURT  
200E  
City-State-Zip: MAITLAND FL 32751

Title VPD  
Name HUSARENKO, EUGENE DR.  
Address 851 TRAFALGAR COURT  
200E  
City-State-Zip: MAITLAND FL 32751

Title VPD  
Name LIU, MICHAEL DR.  
Address 851 TRAFALGAR COURT  
200E  
City-State-Zip: MAITLAND FL 32751

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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: WILLIAM D. SEFTON, M.D.**

**PRESIDENT**

**12/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VPD  
Name URTON, RONALD J DR.  
Address 851 TRAFALGAR COURT  
200E  
City-State-Zip: MAITLAND FL 32751

Title VPD  
Name TERYL, JAMES DR.  
Address 851 TRAFALGAR COURT  
200E  
City-State-Zip: MAITLAND FL 32751

Title VPD  
Name ROSE, PETER DR.  
Address 851 TRAFALGAR COURT  
200E  
City-State-Zip: MAITLAND FL 32751