

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02832

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

03/10/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title STD
Name HEMPLING, L. JACK MD
Address 851 TRAFALGAR COURT
200E
City-State-Zip: MAITLAND FL 32751

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

Title D
Name COOPER, THOMAS NMD
Address 851 TRAFALGAR COURT
200E
City-State-Zip: MAITLAND FL 32751

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

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: HEMPLING , L. JACK MD

OWNER

03/10/2017

Electronic Signature of Signing Officer/Director Detail

Date