

**2015 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

04/28/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	STD	Title	VPD
Name	HEMPLING, L. JACK MD	Name	COGSWELL, NEALE A MD
Address	291 SOUTHHALL LANE	Address	291 SOUTHHALL LANE
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	D	Title	PD
Name	COOPER, THOMAS NMD	Name	SEFTON, WILLIAM DMD
Address	291 SOUTHHALL LANE	Address	291 SOUTHHALL LANE
City-State-Zip:	MAITLAND FL 32751	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:** WILLIAMS SEFTON

DMD

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date