

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K07410

**FILED
Mar 04, 2019
Secretary of State
9447098949CC**

Entity Name: ANESTHESIA OF INDIAN RIVER, INC.

Current Principal Place of Business:

1555 INDIAN RIVER BLVD
SUITE B120
VERO BEACH, FL 32960

Current Mailing Address:

1555 INDIAN RIVER BLVD
SUITE B120
VERO BEACH, FL 32960 US

FEI Number: 65-0037808

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JARVIS, MICHELE
1555 INDIAN RIVER BLVD
SUITE B-120
VERO BEACH, FL 32960 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: MICHELE JARVIS

03/04/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name PORTELL, DONALD J DO
Address 1555 INDIAN RIVER BLVD
SUITE B120
City-State-Zip: VERO BEACH FL 32960

Title VD
Name RICHARDSON, MARION L.,MD
Address 1555 INDIAN RIVER BLVD
SUITE B120
City-State-Zip: VERO BEACH FL 32960

Title SD
Name MONUSZKO, EILEEN A MD
Address 1555 INDIAN RIVER BLVD
SUITE B120
City-State-Zip: VERO BEACH FL 32960

Title D
Name NYE, PHILLIP A MD
Address 1555 INDIAN RIVER BLVD
SUITE B120
City-State-Zip: VERO BEACH FL 32960

Title DIRECTOR
Name WHEELEY, MARTHA L MD
Address 1555 INDIAN RIVER BLVD
SUITE B120
City-State-Zip: VERO BEACH FL 32960

Title TD
Name WOLF, GEOFFREY B MD
Address 1555 INDIAN RIVER BLVD
SUITE B120
City-State-Zip: VERO BEACH FL 32960

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: DONALD PORTELL

PRESIDENT

03/04/2019

Electronic Signature of Signing Officer/Director Detail

Date