2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K07410

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:

FEGERT, FORD J. 1201 19TH PLACE SUITE B-200

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:

Electronic Signature of Registered Agent

Date

FILED Mar 25, 2014

Secretary of State

CC1369285831

Officer/Director Detail:

Title Title PD

Name FEGERT, VIRGINIA E MD Name PORTELL, DONALD J DO

1555 INDIAN RIVER BLVD 1555 INDIAN RIVER BLVD Address Address SUITE B120 SUITE B120

City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960

Title ٧D Title SD

Name RICHARDSON, MARION L., MD Name MONUSZKO, EILEEN A MD

Address 1555 INDIAN RIVER BLVD Address 1555 INDIAN RIVER BLVD SUITE B120 SUITE B120

City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960

Title Title VD

NYE, PHILLIP A MD WHEELEY, MARTHA L MD Name Name

1555 INDIAN RIVER BLVD 1555 INDIAN RIVER BLVD Address Address

> SUITE B120 SUITE B120

City-State-Zip: VERO BEACH FL 32960 City-State-Zip: VERO BEACH FL 32960

Title TD

Name WOLF, GEOFFREY B MD Address 1555 INDIAN RIVER BLVD

SUITE B120

VERO BEACH FL 32960 City-State-Zip:

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.

03/25/2014 SIGNATURE: MICHELE JARVIS BUSINESS **ADMINISTRATOR**

Electronic Signature of Signing Officer/Director Detail

Date