

**2018 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:**

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

02/08/2018

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:** MICHELE JARVIS

**REGISTERED AGENT**

02/08/2018

Electronic Signature of Signing Officer/Director Detail

Date