

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K07410

**Entity Name:** ANESTHESIA OF INDIAN RIVER, INC.

**Current Principal Place of Business:**

1555 INDIAN RIVER BLD STE B120  
SUITE B120  
VERO BEACH, FL 32960

**Current Mailing Address:**

1555 INDIAN RIVER BLD STE B120  
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.  
819 BCHLAND BLVD  
VERO BEACH, FL 32963 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

**Officer/Director Detail :**

Title D  
Name FEGERT, VIRGINIA EMD  
Address 1555 INDIAN RIVER BLVD B120  
City-State-Zip: VERO BEACH FL 32960

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

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

Title VD  
Name WHEELY, MARHTA MD  
Address 1555 INDIAN RIVER BLVD B120  
City-State-Zip: VERO BEACH FL 32960

Title TREASURER  
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 J. PORTELL, D.O.

**PRESIDENT**

**02/28/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date