

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K17537

**Entity Name:** U.S. ANESTHESIA PARTNERS OF FLORIDA, INC.

**Current Principal Place of Business:**

851 TRAFALGAR COURT  
SUITE 200E  
MAITLAND, FL 32751

**Current Mailing Address:**

851 TRAFALGAR COURT  
SUITE 200E  
MAITLAND, FL 32751 US

**FEI Number:** 59-2905984

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PRESIDENT, DIRECTOR  
Name            WRIGHT, LEN  
Address        851 TRAFALGAR COURT  
                 SUITE 200E  
City-State-Zip: MAITLAND FL 32751

Title            TREASURER  
Name            MCBEE, TYLER  
Address        851 TRAFALGAR COURT  
                 SUITE 200E  
City-State-Zip: MAITLAND FL 32751

Title            SECRETARY  
Name            SANFORD, AMY  
Address        851 TRAFALGAR COURT  
                 SUITE 200E  
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:** AMY SANFORD

**SECRETARY**

**02/01/2024**

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

\_\_\_\_\_  
Date