2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2017
Secretary of State
CC2966798696

DOCUMENT# K17537

Entity Name: THE JOSEPH L. RILEY ANESTHESIA ASSOCIATES, 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	Title	VP
Name	JONES, KURT DR.	Name	MOORJANI, ARUN DR.
Address	851 TRAFALGAR COURT 200E	Address	851 TRAFALGAR COURT 200E
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	PAST PRESIDENT	Title	DIRECTOR
Name	WARNER, NORMAN DR.	Name	ANGERT, K C DR.
Address	851 TRAFALGAR COURT 200E	Address	851 TRAFALGAR COURT 200E
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	DIRECTOR	Title	DIRECTOR
Name	AZAM, MOEED DR.	Name	LENOX, BRANDON DR.
Address	851 TRAFALGAR COURT 200E	Address	851 TRAFALGAR COURT SUITE 200E
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
Title	DIRECTOR	Title	DIRECTOR
Name	MICHAELS, ROBERT DR.	Name	JAGER, BRIAN DR.
Address	851 TRAFALGAR COURT SUITE 200E	Address	851 TRAFALGAR COURT SUITE 200E
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751

Continues on page 2

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: D. KURT JONES, MD PRESIDENT 01/11/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	OLIN, DOUGLAS
Address	851 TRAFALGAR COURT 200E
City-State-Zip:	MAITLAND FL 32751