

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L58127

Entity Name: NORTH FLORIDA ANESTHESIA CONSULTANTS, INC.

Current Principal Place of Business:

7700 WEST SUNRISE BOULEVARD
PLANTATION, FL 33322

Current Mailing Address:

7700 WEST SUNRISE BOULEVARD
PLANTATION, FL 33322 US

FEI Number: 59-3012384

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 SMITH, M.D., DOUGLAS
Address 7700 WEST SUNRISE BOULEVARD
City-State-Zip: PLANTATION FL 33322

Title SENIOR VICE PRESIDENT CLINICAL
Name CHUANG, M.D. , CHAN-CHOU
Address 7700 WEST SUNRISE BOULEVARD
City-State-Zip: PLANTATION FL 33322

Title TREASURER
Name CHARPENTIER, JASON
Address 7700 WEST SUNRISE BOULEVARD
City-State-Zip: PLANTATION FL 33322

Title SENIOR VICE PRESIDENT AND
SECRETARY
Name MOORE, ILENE
Address 7700 WEST SUNRISE BOULEVARD
City-State-Zip: PLANTATION FL 33322

Title VICE PRESIDENT AND ASSISTANT
SECRETARY
Name PAGE, JUSTIN
Address 7700 WEST SUNRISE BOULEVARD
City-State-Zip: PLANTATION FL 33322

Title VP
Name MUSSO, MATTHEW
Address 7700 WEST SUNRISE BOULEVARD
City-State-Zip: PLANTATION FL 33322

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: JUSTIN PAGE

VICE PRESIDENT

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date