

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L58127

Entity Name: NORTH FLORIDA ANESTHESIA CONSULTANTS, P.A.

Current Principal Place of Business:

2165 HERSCHEL STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

2165 HERSCHEL STREET
JACKSONVILLE, FL 32204 US

FEI Number: 59-3012384

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOODRICH, MICHAEL A
1301 RIVERPLACE BOULEVARD
JACKSONVILLE, FL 32208 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 CFO
Name KOEHLER, DAVID C
Address 2165 HERSCHEL STREET
City-State-Zip: JACKSONVILLE FL

Title VPD
Name CHAPMAN, JAMES G
Address 2165 HERSCHEL STREET
City-State-Zip: JACKSONVILLE FL

Title VPD
Name ROCES, ARMANDO J
Address 2165 HERSCHEL STREET
City-State-Zip: JACKSONVILLE FL

Title VPD
Name GODBOLDT, ANTHONY O
Address 2165 HERSCHEL STREET
City-State-Zip: JACKSONVILLE FL

Title VPD
Name SOHA, WALTER M
Address 2165 HERSCHEL STREET
City-State-Zip: JACKSONVILLE FL

Title VPD
Name TUNSTILL, STEPHEN L
Address 2165 HERSCHEL STREET
City-State-Zip: JACKSONVILLE FL 32204

Title PRESIDENT & CEO
Name GRUBOR, MILOSH M.D.
Address 2165 HERSCHEL STREET
City-State-Zip: JACKSONVILLE FL 32204

Title VPD
Name BAGGETT, JASON J D.O.
Address 2165 HERSCHEL STREET
City-State-Zip: JACKSONVILLE FL 32204

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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: MILOSH GRUBOR, MD, MBA

PRESIDENT & CFO

01/24/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VPD
Name BOGGS, RALPH B M.D.
Address 2165 HERSCHEL STREET
City-State-Zip: JACKSONVILLE FL 32204

Title VPD
Name BRADY, TRICIA N M.D.
Address 2165 HERSCHEL STREET
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Title VPD
Name CRUM, PAUL M JR.,M.D.
Address 2165 HERSCHEL STREET
City-State-Zip: JACKSONVILLE FL 32204

Title VPD
Name DONOVAN, KEVIN L M.D.
Address 2165 HERSCHEL STREET
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Title VPD
Name EBENER, ROBERT V D.O.
Address 2165 HERSCHEL STREET
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Title VPD
Name GARCIA, RONDA J M.D.
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Title VPD
Name HARDING, KATHERINE A M.D.
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Title VPD
Name LEE, EDWARD M M.D.
Address 2165 HERSCHEL STREET
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Title VPD
Name PATTERSON, SARAH L M.D.
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Title VPD
Name ROSENBERG, LEE D M.D.
Address 2165 HERSCHEL STREET
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Title VPD
Name SCOTT, JOHN D M.D.

Title VPD
Name BOSWELL, BRUCE B D.O.
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Title VPD
Name CHEN, BAI XI M.D.
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Title VPD
Name DIAZ, ERIK M.D.
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Title VPD
Name DUDLEY, MICHAEL E M.D.
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Title VPD
Name FLANAGAN, JOHN C M.D.
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Title VPD
Name GREENE, ROGER W M.D.
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Title VPD
Name KANE, CHRISTOPHER J D.O.
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Title VPD
Name MORET, JASON A M.D.
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Title VPD
Name PONTE, ROBERT A M.D.
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Title VPD
Name SALOMONE, MATTHEW M M.D.
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Title VPD
Name SMITH, WILLIAM T JR., M.D.
Address 2165 HERSCHEL STREET

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Title VPD

Name STEVENSON, MATTHEW S M.D.

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Title VPD

Name CONDE, JENNIFER F M.D.

Address 2165 HERSCHEL STREET

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City-State-Zip: JACKSONVILLE FL 32204

Title VPD

Name WILLIAMS, BRADLEY G M.D.

Address 2165 HERSCHEL STREET

City-State-Zip: JACKSONVILLE FL 32204

Title VPD

Name KERR, JAMES K III, M.D.

Address 2165 HERSCHEL STREET

City-State-Zip: JACKSONVILLE FL 32204