

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000039145

**Entity Name:** ANDOLINA ANESTHESIA ASSOCIATES, INC.

**Current Principal Place of Business:**

10439 TONY CIRCLE  
SEMINOLE, FL 33778

**Current Mailing Address:**

10439 TONY CIRCLE  
SEMINOLE, FL 33778

**FEI Number:** 59-3640142

**Certificate of Status Desired:** No

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

ANDOLINA, KATHRYN R  
10439 TONY CIRCLE  
SEMINOLE, FL 33778 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 PD  
Name ANDOLINA, KATHRYN R  
Address 10439 TONY CIRCLE  
City-State-Zip: SEMINOLE FL 33778

*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:** KATHRYN ANDOLINA

**PRESIDENT**

**03/09/2014**

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

\_\_\_\_\_  
Date