**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Sep 12, 2014**
**Secretary of State**
**CC2700938754**

DOCUMENT# P11000084554

**Entity Name:** ANESTHESIA PROVIDERS OF CENTRAL FLORIDA II, INC.

**Current Principal Place of Business:**

2875 S. ORANGE AVE
SUITE 500-1320
ORLANDO, FL 32806

**Current Mailing Address:**

2875 S. ORANGE AVE
SUITE 500-1320
ORLANDO, FL 32806 US

**FEI Number: 45-3438358**

**Certificate of Status Desired:** No

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

SMART, DONALD
2875 S. ORANGE AVE
SUITE 500-1320
ORLANDO, FL 32806 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 |
| Name | SMART, DONALD |
| Address | 2875 S. ORANGE AVE<br>SUITE 500-1320 |
| City-State-Zip: | ORLANDO FL 32806 |

*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: DONALD SMART PRESIDENT 09/12/2014

Electronic Signature of Signing Officer/Director Detail — Date