

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000092143

**Entity Name:** SANDESTIN ANESTHESIA, P.A.

**Current Principal Place of Business:**

2927 SAND PINE RD  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

2927 SAND PINE RD  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 45-3727289

**Certificate of Status Desired:** No

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

SHIPMAN, GARY A  
60 CLAYTON LANE SUITE A  
SANTA ROSA BEACH, FL 32459 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            PRES  
Name            SPEEDLING, DIANE D  
Address        51 LOON LAKE DRIVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** DIANE D SPEEDLING, MD

PRES

02/08/2016

Electronic Signature of Signing Officer/Director Detail

Date