

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000092143

Entity Name: SANDESTIN ANESTHESIA, P.A.

Current Principal Place of Business:

51 LOON LAKE DRIVE
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

51 LOON LAKE DRIVE
SANTA ROSA BEACH, FL 32459 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

PRES

01/11/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date