

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000096442

Entity Name: OUTPATIENT ANESTHESIA OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**12511 WORLD PLAZA LANE, BLDG. 50
FORT MYERS, FL 33907**Current Mailing Address:**12511 WORLD PLAZA LANE, BLDG. 50
FORT MYERS, FL 33907 US**FEI Number: 45-3750567****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HF REGISTERED AGENTS, LLC
1715 MONROE ST
FORT MYERS, FL 33901 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: ERIN E. HOUCK-TOLL, VICE PRESIDENT****01/15/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	BISBEE, CHARLES A M.D.
Address	12511 WORLD PLAZA LANE, BLDG. 50
City-State-Zip:	FORT MYERS FL 33907

Title	VP
Name	SCHUCAVAGE, BERNARD M M.D.
Address	12511 WORLD PLAZA LANE, BLDG. 50
City-State-Zip:	FORT MYERS FL 33907

Title	SECRETARY
Name	TURNER, ROBERT M M.D.
Address	12511 WORLD PLAZA LANE, BLDG. 50
City-State-Zip:	FORT MYERS FL 33907

Title	TREASURER
Name	HOMOLKA, CHARLES M JR., M.D.
Address	12511 WORLD PLAZA LANE, BLDG. 50
City-State-Zip:	FORT MYERS FL 33907

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: CHARLES A. BISBEE, M.D.**PRESIDENT****01/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date