

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000096442

Entity Name: OUTPATIENT ANESTHESIA OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

3949 EVANS AVENUE, SUITE 102
FORT MYERS, FL 33901

Current Mailing Address:

3949 EVANS AVENUE, SUITE 102
FORT MYERS, FL 33901

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

01/29/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BISBEE, CHARLES A M.D.
Address 3949 EVANS AVE, SUITE 102
City-State-Zip: FORT MYERS FL 33901

Title VP
Name SCHUCAVAGE, BERNARD M M.D.
Address 3949 EVANS AVE, SUITE 102
City-State-Zip: FORT MYERS FL 33901

Title SECRETARY
Name TURNER, ROBERT M M.D.
Address 3949 EVANS AVE, SUITE 102
City-State-Zip: FORT MYERS FL 33901

Title TREASURER
Name HOMOLKA, CHARLES M JR., M.D.
Address 3949 EVANS AVE, SUITE 102
City-State-Zip: FORT MYERS FL 33901

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

01/29/2013

Electronic Signature of Signing Officer/Director Detail

Date