FORT MYERS,	FL 33901			
Current Mai	ling Address:			
	S AVENUE, SUITE 102			
FORTMYER	RS, FL 33901			
FEI Number: 45-3750567			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
HF REGISTER 1715 MONROE	ED AGENTS, LLC			
FORT MYERS,				
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				
				J1/29/2013
	Electronic Signature of Registered Agent			Date
Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	VP	
Officer/Dire	Electronic Signature of Registered Agent	Title Name		Date
<b>Officer/Dire</b> Title	Electronic Signature of Registered Agent ctor Detail : PRESIDENT		VP	Date
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent ctor Detail : PRESIDENT BISBEE, CHARLES A M.D.	Name	VP SCHUCAVAGE, BERNARD M M.I	Date
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT BISBEE, CHARLES A M.D. 3949 EVANS AVE, SUITE 102	Name Address	VP SCHUCAVAGE, BERNARD M M.I 3949 EVANS AVE, SUITE 102	Date
<b>Officer/Dire</b> Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PRESIDENT BISBEE, CHARLES A M.D. 3949 EVANS AVE, SUITE 102 FORT MYERS FL 33901	Name Address City-State-Zip:	VP SCHUCAVAGE, BERNARD M M.E 3949 EVANS AVE, SUITE 102 FORT MYERS FL 33901	Date
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PRESIDENT BISBEE, CHARLES A M.D. 3949 EVANS AVE, SUITE 102 FORT MYERS FL 33901 SECRETARY	Name Address City-State-Zip: Title	VP SCHUCAVAGE, BERNARD M M.E 3949 EVANS AVE, SUITE 102 FORT MYERS FL 33901 TREASURER	Date
Officer/Dire Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent ctor Detail : PRESIDENT BISBEE, CHARLES A M.D. 3949 EVANS AVE, SUITE 102 FORT MYERS FL 33901 SECRETARY TURNER, ROBERT M M.D.	Name Address City-State-Zip: Title Name	VP SCHUCAVAGE, BERNARD M M.E 3949 EVANS AVE, SUITE 102 FORT MYERS FL 33901 TREASURER HOMOLKA, CHARLES M JR., M.E 3949 EVANS AVE, SUITE 102	Date

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.

Electronic Signature of Signing Officer/Director Detail

01/29/2013

## 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

FILED Jan 29, 2013 **Secretary of State** CC6022910994

Date