# 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000089310

## Entity Name: WATERMAN ANESTHESIOLOGY GROUP, INC.

## **Current Principal Place of Business:**

450 EAST LAS OLAS BLVD - STE. 850 FT. LAUDERDALE, FL 33301

# **Current Mailing Address:**

450 EAST LAS OLAS BLVD - STE. 850 FT. LAUDERDALE, FL 33301

# FEI Number: 46-1237632

# Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

### FILED Apr 07, 2014 Secretary of State CC5659432797

Date

Certificate of Status Desired: No

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

# Officer/Director Detail :

	Title	DIRECTOR	Title	DIRECTOR
	Name	OLIN, DOUGLAS DR.	Name	MICHAELS, ROBERT DR.
	Address	291 SOUTHALL LANE	Address	291 SOUTHALL LANE
	City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
	Title	PRESIDENT	Title	DIRECTOR
	Name	WARNER, NORMAN DR.	Name	THONI, KEVIN DR.
	Address	291 SOUTHALL LANE	Address	291 SOUTHALL LANE
	City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	MAITLAND FL 32751
	Title	DIRECTOR	Title	VP
	Title Name	DIRECTOR AZAM, MOEED DR.	Title Name	VP JONES, KURT DR.
	Name	AZAM, MOEED DR.	Name	JONES, KURT DR.
	Name Address City-State-Zip:	AZAM, MOEED DR. 291 SOUTHALL LANE MAITLAND FL 32751	Name Address	JONES, KURT DR. 291 SOUTHALL LANE
	Name Address City-State-Zip: Title	AZAM, MOEED DR. 291 SOUTHALL LANE MAITLAND FL 32751 DIRECTOR	Name Address City-State-Zip:	JONES, KURT DR. 291 SOUTHALL LANE MAITLAND FL 32751
	Name Address City-State-Zip: Title Name	AZAM, MOEED DR. 291 SOUTHALL LANE MAITLAND FL 32751 DIRECTOR ARCARIO, THOMAS DR.	Name Address City-State-Zip: Title	JONES, KURT DR. 291 SOUTHALL LANE MAITLAND FL 32751 DIRECTOR
	Name Address City-State-Zip: Title	AZAM, MOEED DR. 291 SOUTHALL LANE MAITLAND FL 32751 DIRECTOR	Name Address City-State-Zip: Title Name	JONES, KURT DR. 291 SOUTHALL LANE MAITLAND FL 32751 DIRECTOR JAGER, BRIAN DR.

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: DR. NORMAN WARNER

PRESIDENT

04/07/2014

Electronic Signature of Signing Officer/Director Detail