

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000019309

**Entity Name:** PHOENIX ANESTHESIA SERVICES OF FLORIDA, P.A.

**Current Principal Place of Business:**

5660 DUNBAR CIRCLE  
MILTON, FL 32583

**Current Mailing Address:**

5660 DUNBAR CIRCLE  
MILTON, FL 32583 US

**FEI Number: 85-1278144**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BRIAN NOVINSKA, M.D.  
5660 DUNBAR CIRCLE  
MILTON, FL 32583 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            D  
Name            BRIAN NOVINSKA, M.D.  
Address        5660 DUNBAR CIRCLE  
City-State-Zip: MILTON FL 32583

*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: BRIAN NOVINSKA**

**PRESIDENT**

**03/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date