

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058608

Entity Name: FLORIDA ANESTHESIA ASSOCIATES, INC.**Current Principal Place of Business:**851 TRAFALGAR COURT SUITE 200E
MAITLAND, FL 32751**Current Mailing Address:**851 TRAFALGAR COURT SUITE 200E
MAITLAND, FL 32751 US**FEI Number:** 59-3212793**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 606
TALLAHASSEE, FL 32301 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 CEO, PRESIDENT

Name GIACOMIN, JON

Address 851 TRAFALGAR COURT SUITE 200E

City-State-Zip: MAITLAND FL 32751

Title CFO, TREASURER

Name TALHA, ASHRAF

Address 851 TRAFALGAR COURT SUITE 200E

City-State-Zip: MAITLAND FL 32751

Title EVP, SECRETARY

Name SANFORD, AMY

Address 851 TRAFALGAR COURT SUITE 200E

City-State-Zip: MAITLAND FL 32751

Title SVP- OPERATIONS

Name KOTAR, JASON

Address 851 TRAFALGAR COURT SUITE 200E

City-State-Zip: MAITLAND FL 32751

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: AMY SANFORD**SECRETARY****05/19/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date