

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058608

Entity Name: FLORIDA ANESTHESIA ASSOCIATES, P.A.

Current Principal Place of Business:

820 PRUDENTIAL DR.
SUITE 606
JACKSONVILLE, FL 32207

Current Mailing Address:

820 PRUDENTIAL DR.
SUITE 606
JACKSONVILLE, FL 32207

FEI Number: 59-3212793

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARTON, WILLIAM PM.D.
820 PRUDENTIAL DR.
SUITE 606
JACKSONVILLE, FL 32207 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 BARTON, WILLIAM PM.D.
Address 820 PRUDENTIAL DR., SUITE 606
City-State-Zip: JACKSONVILLE FL 32207

Title D
Name BEBEAU, EUGENE RM.D.
Address 820 PRUDENTIAL DR., SUITE 606
City-State-Zip: JACKSONVILLE FL 32207

Title D
Name KRAMP, MARK WMD
Address 820 PRUDENTIAL DRIVE
City-State-Zip: JACKSONVILLE FL 32207

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: MARK W. KRAMP, MD

PRESIDENT

04/16/2014

Electronic Signature of Signing Officer/Director Detail

Date