

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000094644

Entity Name: SURFSIDE ANESTHESIA SERVICES, INC.

Current Principal Place of Business:

6 ARAGON AVENUE
CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 21026
FT. LAUDERDALE, FL 33335 US

FEI Number: 65-0718526

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAHLIN, RICHARD
1001 BRICKELL BAY DRIVE, SUITE 1400
MIAMI, FL 33131 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 CAHLIN, RICHARD
Address 1001 BRICKELL BAY DRIVE, SUITE
 1400
City-State-Zip: MIAMI FL 33131

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: RICHARD CAHLIN

D

04/23/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date