

**2015 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

04/21/2015

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date