

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S62193

**Entity Name:** BAYFRONT ANESTHESIA SERVICES, P.A.

**Current Principal Place of Business:**

12225 28TH STREET NORTH  
SUITE A  
ST PETERSBURG, FL 33716

**Current Mailing Address:**

12225 28TH STREET NORTH  
SUITE A  
ST PETERSBURG, FL 33716 US

**FEI Number: 59-3072468**

**Certificate of Status Desired: No**

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

MARDER, JEFFREY  
12225 28TH STREET NORTH  
SUITE A  
ST PETERSBURG, FL 33716 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 MARDER, JEFFREY  
Address 998 LAKE PLACIDO CT. NE  
City-State-Zip: ST PETERSBURG FL 33703

Title D  
Name EVANS, BILL  
Address 390 4TH AVE NORTH  
City-State-Zip: TERRA VERDE FL 33715

Title P  
Name LUDNER, CONFIDENT  
Address 1416 - 72ND AVE., N.E.  
City-State-Zip: ST. PETERSBURG FL

Title D  
Name BOYAJIAN, JEOFFREY  
Address 2279 MERMAID POINT NE  
City-State-Zip: SAINT PETERSBURG FL 33703

Title D  
Name LINN, GEORGE MD  
Address 3637 4TH STREET N. #400  
City-State-Zip: SAINT PETERSBURG FL 33704

Title D  
Name WOODS, THOMAS MMD  
Address 3637 4TH STREET N. #400  
City-State-Zip: SAINT PETERSBURG FL 33704

*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: JEFFREY MARDER**

**DIRECTOR**

**03/05/2013**

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

\_\_\_\_\_  
Date