

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V13658

Entity Name: ANESTHESIA GROUP OF MIAMI, INC.

Current Principal Place of Business:

8240 SW 56 ST
MIAMI, FL 33155

Current Mailing Address:

8240 SW 56 ST
MIAMI, FL 33155 US

FEI Number: 65-0311743

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRES, MANUEL MD
8240 S.W. 56TH STREET
MIAMI, FL 33155 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 TORRES, MANUEL B DR.
Address 8240 SW 56 ST
City-State-Zip: MIAMI FL 33155

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: MANUEL B. TORRES

DIRECTOR

01/31/2014

Electronic Signature of Signing Officer/Director Detail

Date