2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004391

Entity Name: SOUTHERN ANESTHESIA & SURGICAL, INC.

FILED Apr 28, 2021 Secretary of State 1841293830CC

Current Principal Place of Business:

135 DURYEA ROAD MELVILLE, NY 11747

Current Mailing Address:

135 DURYEA ROAD MELVILLE. NY 11747 US

FEI Number: 46-0852939 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 PRESIDENT, CEO, DIRECTOR,

TREASURER

ALEXANDER, WILLIAM D. Name

135 DURYEA ROAD Address

City-State-Zip: MELVILLE NY 11747

VΡ Title

Address

ERICKSON, GREGG ALAN Name

Address 135 DURYEA ROAD

City-State-Zip: MELVILLE NY 11747

Title **DIRECTOR**

MLOTEK, MARK E. Name

> 4300 STINE ROAD SUITE 209

City-State-Zip: BAKERSFIELD CA 93313

Title DIRECTOR, VP

Name CARCHIDI, CRAIG

ONE SOUTHERN COURT Address

Title VP, DIRECTOR

Name CARCHIDI, CHRISTOPHER

Address 135 DURYEA ROAD

City-State-Zip: MELVILLE NY 11747

DIRECTOR Title

BERGMAN, STANLEY M. Name

Address 135 DURYEA ROAD

MELVILLE NY 11747 City-State-Zip:

Title DIRECTOR, EXECUTIVE VICE

PRESIDENT

Name MCKINLEY, DAVID C.

Address ONE SOUTHERN COURT

City-State-Zip: WEST COLUMBIA SC 29169

Title AUTHORIZED REPRESENTATIVE

Name ETTINGER, MICHAEL Address 135 DURYEA ROAD

City-State-Zip: MELVILLE NY 11747

WEST COLUMBIA SC 29169 City-State-Zip:

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: MICHAEL ETTINGER

AUTHRIZED REPRESENTATIVE 04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date