

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004391

Entity Name: SOUTHERN ANESTHESIA & SURGICAL, INC.

Current Principal Place of Business:

135 DURYEA ROAD
MELVILLE, NY 11747

FILED
Apr 28, 2021
Secretary of State
1841293830CC

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
Name ALEXANDER, WILLIAM D.
Address 135 DURYEA ROAD
City-State-Zip: MELVILLE NY 11747

Title VP, DIRECTOR
Name CARCHIDI, CHRISTOPHER
Address 135 DURYEA ROAD
City-State-Zip: MELVILLE NY 11747

Title VP
Name ERICKSON, GREGG ALAN
Address 135 DURYEA ROAD
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name BERGMAN, STANLEY M.
Address 135 DURYEA ROAD
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name MLOTEK, MARK E.
Address 4300 STINE ROAD
 SUITE 209
City-State-Zip: BAKERSFIELD CA 93313

Title DIRECTOR, EXECUTIVE VICE
 PRESIDENT
Name MCKINLEY, DAVID C.
Address ONE SOUTHERN COURT
City-State-Zip: WEST COLUMBIA SC 29169

Title DIRECTOR, VP
Name CARCHIDI, CRAIG
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

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

**AUTHORIZED
REPRESENTATIVE**

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date