

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004391

Entity Name: SOUTHERN ANESTHESIA & SURGICAL, INC.

Current Principal Place of Business:

SOUTHERN ANESTHESIA & SURGICAL, INC.
ONE SOUTHERN COURT
WEST COLUMBIA, SC 29169

Current Mailing Address:

SOUTHERN ANESTHESIA & SURGICAL, INC.
ONE SOUTHERN COURT
WEST COLUMBIA, SC 29169 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, DIRECTOR
Name ALEXANDER, WILLIAM D
Address SOUTHERN ANESTHESIA SURGICAL,
 INC.
 ONE SOUTHERN COURT
City-State-Zip: WEST COLUMBIA SC 29169

Title DIRECTOR, SECRETARY
Name CHAMBERS, BRIAN F.
Address SOUTHERN ANESTHESIA &
 SURGICAL, INC.
 ONE SOUTHERN COURT
City-State-Zip: WEST COLUMBIA SC 29169

Title AUTHORIZED A/R SIGNER
Name BOSTIC, VICKI R.
Address SOUTHERN ANESTHESIA &
 SURGICAL, INC.
 ONE SOUTHERN COURT
City-State-Zip: WEST COLUMBIA SC 29169

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: VICKI R. BOSTIC

AUTHORIZED A/R SIGNER 04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date