

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