

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000004391

**Entity Name:** SOUTHERN ANESTHESIA & SURGICAL, INC.

**Current Principal Place of Business:**

ONE SOUTHERN COURT  
WEST COLUMBIA, SC 29169

**Current Mailing Address:**

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 VP, DIRECTOR  
Name CARCHIDI, CHRISTOPHER  
Address ONE SOUTHERN COURT  
City-State-Zip: WEST COLUMBIA SC 29169

Title VP  
Name ERICKSON, GREGG ALAN  
Address ONE SOUTHERN COURT  
City-State-Zip: WEST COLUMBIA SC 29169

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

Title DIRECTOR  
Name MLOTEK, MARK E.  
Address 135 DURYE A RD  
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR, PRESIDENT,  
TREASURER, CEO  
Name CARCHIDI, CRAIG  
Address ONE SOUTHERN COURT  
City-State-Zip: WEST COLUMBIA SC 29169

Title SECRETARY  
Name PITTMAN, WILLIAM  
Address 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:** WILLIAM PITTMAN

**SECRETARY**

**04/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date