

**2016 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            PRESIDENT, DIRECTOR  
Name            ALEXANDER, WILLIAM D.  
Address        ONE SOUTHERN COURT  
City-State-Zip: WEST COLUMBIA SC 29169

Title            ASSISTANT SECRETARY, VP  
Name            PITTMAN JR., WILLIAM IRA  
Address        ONE SOUTHERN COURT  
City-State-Zip: WEST COLUMBIA SC 29169

Title            AUTHORIZED SIGNER  
Name            BOSTIC, VICKI R.  
Address        ONE SOUTHERN COURT  
City-State-Zip: WEST COLUMBIA SC 29169

Title            VP  
Name            ERICKSON, GREGG  
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: VICKI R. BOSTIC**

**ANNUAL REPORT SIGNER 04/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date