

2022 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

FILED
Apr 22, 2022
Secretary of State
1060843195CC

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 135 DURYE A ROAD
City-State-Zip: MELVILLE NY 11747

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

Title DIRECTOR
Name BERGMAN, STANLEY M.
Address 135 DURYE A 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, PRESIDENT,
TREASURER, CEO
Name CARCHIDI, CRAIG
Address ONE SOUTHERN COURT
City-State-Zip: WEST COLUMBIA SC 29169

Title AUTHORIZED REPRESENTATIVE
Name ETTINGER, MICHAEL
Address 135 DURYE A 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**

04/22/2022

Electronic Signature of Signing Officer/Director Detail

Date