

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001447

**Entity Name:** U.S. ANESTHESIA PARTNERS, INC.

**FILED**  
**Feb 24, 2023**  
**Secretary of State**  
**1512115734CC**

**Current Principal Place of Business:**

12222 MERIT DRIVE  
SUITE 700  
DALLAS, TX 75251

**Current Mailing Address:**

12222 MERIT DRIVE  
SUITE 700  
DALLAS, TX 75251 US

**FEI Number:** 46-0872971

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 DIRECTOR  
Name HINTON, JAMES  
Address 12222 MERIT DRIVE  
SUITE 700  
City-State-Zip: DALLAS TX 75251

Title PRESIDENT  
Name HICKEY, ANN  
Address 12222 MERIT DRIVE  
SUITE 700  
City-State-Zip: DALLAS TX 75251

Title CEO/DIRECTOR  
Name COWARD, ROBERT  
Address 12222 MERIT DR  
SUITE 700  
City-State-Zip: DALLAS TX 75251

Title CFO/TREASURER  
Name MCBEE, TYLER  
Address 12222 MERIT DR  
SUITE 700  
City-State-Zip: DALLAS TX 75251

Title SECRETARY/EVP  
Name SANFORD, AMY  
Address 12222 MERIT DR  
SUITE 700  
City-State-Zip: DALLAS TX 75251

Title DIRECTOR  
Name GILES, RANDY  
Address 12222 MERIT DRIVE  
SUITE 700  
City-State-Zip: DALLAS TX 75251

Title DIRECTOR  
Name SPIRN, SAMUEL  
Address 12222 MERIT DRIVE  
SUITE 700  
City-State-Zip: DALLAS TX 75251

Title DIRECTOR  
Name MOORJANI, DR. ARUN  
Address 12222 MERIT DRIVE  
SUITE 700  
City-State-Zip: DALLAS TX 75251

**Continues on page 2**

*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:** AMY SANFORD

**SECRETARY**

**02/24/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           FLORES, DR. GARY  
Address        12222 MERIT DRIVE  
                  SUITE 700  
City-State-Zip: DALLAS TX 75251

Title           DIRECTOR  
Name           HOLLIDAY, DR. J. SCOTT  
Address        12222 MERIT DRIVE  
                  SUITE 700  
City-State-Zip: DALLAS TX 75251