

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000001447

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

Current Principal Place of Business:

450 EAST LAS OLAS BLVD
SUITE 850
FORT LAUDERDALE, FL 33301

Current Mailing Address:

450 EAST LAS OLAS BLVD
SUITE 850
FORT LAUDERDALE, FL 33301 US

FEI Number: 46-0872971

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 GENERAL COUNSEL
Name KELLY, CHRIS
Address 450 EAST LAS OLAS BLVD
 SUITE 850
City-State-Zip: FORT LAUDERDALE FL 33301

Title DCEO
Name BRATBERG, KRISTEN
Address 450 EAST LAS OLAS BLVD
 SUITE 850
City-State-Zip: FORT LAUDERDALE FL 33301

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: CHRIS KELLY

GENERAL COUNSEL

02/26/2015

Electronic Signature of Signing Officer/Director Detail

Date