

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001447

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

**FILED**  
**Apr 24, 2017**  
**Secretary of State**  
**CC9552947430**

**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:**

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            PRESIDENT, CEO  
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:** KRISTEN BRATBERG

CEO

04/24/2017

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

\_\_\_\_\_ Date