

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000001447

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

FILED
Jul 17, 2014
Secretary of State
CC9886897793

Current Principal Place of Business:

500 EAST BROWARD BLVD.
SUITE 1710
FORT LAUDERDALE, FL 33394

Current Mailing Address:

500 EAST BROWARD BLVD.
SUITE 1710
FORT LAUDERDALE, FL 33394

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 CFO
Name WEAR, BRAD
Address 500 EAST BROWARD BLVD. #1710
City-State-Zip: FORT LAUDERDALE FL 33394

Title DCEO
Name BRATBERG, KRISTEN
Address 500 EAST BROWARD BLVD. #1710
City-State-Zip: FORT LAUDERDALE FL 33394

Title D
Name REGAN, BRIAN
Address 500 EAST BROWARD BLVD. #1710
City-State-Zip: FORT LAUDERDALE FL 33394

Title D
Name VANDEWATER, DAVID
Address 500 EAST BROWARD BLVD. #1710
City-State-Zip: FORT LAUDERDALE FL 33394

Title D
Name MACKESY, SCOTT
Address 500 EAST BROWARD BLVD. #1710
City-State-Zip: FORT LAUDERDALE FL 33394

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

DCEO

07/17/2014

Electronic Signature of Signing Officer/Director Detail

Date