

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600008

**FILED**  
**Apr 24, 2018**  
**Secretary of State**  
**CC4849045857**

**Entity Name:** ANESTHESIA ASSOCIATES OF GREATER MIAMI, P.A.

**Current Principal Place of Business:**

6200 SW 73RD STREET  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

8301 NW 197 ST  
MIAMI, FL 33015 US

**FEI Number:** 59-0944132

**Certificate of Status Desired:** No

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

CHEEMA, BALWANT  
8301 NW 197 ST  
MIAMI, FL 33015 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           TREASURER, DIRECTOR  
Name           FARAH, JORGE  
Address        3621 NORTH PROSPECT DR  
City-State-Zip: MIAMI FL 33133

Title           VP, DIRECTOR  
Name           BURNS, STEVEN  
Address        14063 S.W. 67TH PLACE  
City-State-Zip: MIAMI FL 33158

Title           SECRETARY, DIRECTOR  
Name           CANNING, HILLARY A  
Address        10300 CORAL CREEK RD  
City-State-Zip: MIAMI FL 33156

Title           PRESIDENT, DIRECTOR  
Name           MEISTER, MICHAEL  
Address        5880 S.W. 116TH ST  
City-State-Zip: MIAMI FL 33156

Title           VP, DIRECTOR  
Name           POL, GUILLERMO  
Address        329 CAMPANA AVE  
City-State-Zip: CORAL GABLES FL 33156

Title           VP, DIRECTOR  
Name           RUAN, JUAN E  
Address        6240 SW 118 TERRACE  
City-State-Zip: MIAMI FL 33156

Title           VP, DIRECTOR  
Name           GRACIELA, ZAYDEN C  
Address        10825 SW 135 TERRACE  
City-State-Zip: MIAMI FL 33176

Title           VP, DIRECTOR  
Name           ZAYED-MOUSTAFA, M HATEM  
Address        650 WEST AVE  
                  1409  
City-State-Zip: MIAMI BEACH FL 33139

**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:** JORGE FARAH

**TREASURER**

**04/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP, DIRECTOR  
Name PALERMO, NICK N  
Address PO BOX 565845  
City-State-Zip: MIAMI FL 33256

Title VP  
Name CRUZ, CARLOS A  
Address 2566 TRAPP AVE  
City-State-Zip: COCONUT GROVE FL 33133

Title VP  
Name GOZLAN, ITAI  
Address 7560 SW 56TH COURT  
City-State-Zip: MIAMI FL 33143

Title VP  
Name LOUKAS, ANDREW  
Address 800 WEST AVENUE  
APT 845  
City-State-Zip: MIAMI BEACH FL 33139

Title VP, DIRECTOR  
Name RICARDO, RUBEN J  
Address PO BOX 669036  
City-State-Zip: MIAMI FL 33166

Title VP  
Name GABAY, MAURICE  
Address 5855 SW 102 ST  
City-State-Zip: PINECREST FL 33156

Title VP  
Name LEE, TRAVIS  
Address 808 BRICKELL KEY DRIVE  
2207  
City-State-Zip: MIAMI FL 33131