

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600008

**FILED**  
**Apr 23, 2024**  
**Secretary of State**  
**1185571254CC**

**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:**

3350 SW 148 AVENUE  
SUITE #110  
MIRAMAR, FL 33027 US

**FEI Number:** 59-0944132

**Certificate of Status Desired:** No

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

CHEEMA, BALWANT  
3350 SW 148 AVENUE  
SUITE #110  
MIRAMAR, FL 33027 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 VP, DIRECTOR  
Name FARAH, JORGE  
Address 3621 NORTH PROSPECT DR  
City-State-Zip: MIAMI FL 33133

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

Title VP, DIRECTOR  
Name ZAYDEN CRAYTHORNE, GRACIELA  
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

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

Title VP, DIRECTOR  
Name CRUZ, CARLOS A  
Address 3900 PARK AVE  
City-State-Zip: MIAMI FL 33133

**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: MICHAEL MEISTER**

**PRESIDENT**

**04/23/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title VP, DIRECTOR  
Name LEE, TRAVIS  
Address 1190 SAN PEDRO AVENUE  
City-State-Zip: CORAL GABLES FL 33156

Title VP, DIRECTOR  
Name CHAVOUSTIE, ERIC  
Address 800 WEST AVENUE  
APT #745  
City-State-Zip: MIAMI BEACH FL 33139

Title VP, DIRECTOR  
Name SCHNAKOFSKY, ROBERTO  
Address 2947 SHIPPING AVENUE  
City-State-Zip: MIAMI FL 33133

Title VP, DIRECTOR  
Name STEWART, JASON  
Address 7015 SW 95TH STREET  
City-State-Zip: PINECREST FL 33156

Title VP, DIRECTOR  
Name SAMSON, LUKE  
Address 6440 SW 44TH STREET  
City-State-Zip: MIAMI FL 33155

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

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

Title VP, DIRECTOR  
Name LARRIEU, RENE  
Address 9832 SW 77TH PLACE  
City-State-Zip: MIAMI FL 33156

Title VP, DIRECTOR  
Name COHEN, ISAAC  
Address 1010 BRICKELL AVE  
APT 4305  
City-State-Zip: MIAMI FL 33131

Title VP, DIRECTOR  
Name DE AMORIM, MARINA  
Address 500 BRICKELL AVENUE  
APT 1708  
City-State-Zip: MIAMI FL 33131

Title VP, DIRECTOR  
Name ARBELAEZ, GERMAN E  
Address 8798 SW 62ND CT  
City-State-Zip: PINECREST FL 33156-1371