

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K94427

Entity Name: ANESTHESIOLOGY ASSOCIATES OF TALLAHASSEE, INC.**Current Principal Place of Business:**2173A CENTERVILLE PLACE
TALLAHASSEE, FL 32308**Current Mailing Address:**1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323**FEI Number:** 59-2970442**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARCUS, JILLIAN
1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 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:** JILLIAN MARCUS

04/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D, CEO
Name	GULMI, CLAIRE
Address	1613 NORTH HARRISON PARKWAY
City-State-Zip:	SUNRISE FL 33323

Title	VP
Name	HENRY, RICHARD L
Address	2173-A CENTERVILLE PLACE
City-State-Zip:	TALLAHASSEE FL

Title	PD
Name	COWARD, ROBERT
Address	1613 NORTH HARRISON PARKWAY, SUITE 200
City-State-Zip:	SUNRISE FL 33323

Title	EVPS
Name	MARCUS, JILLIAN
Address	1613 NORTH HARRISON PARKWAY, SUITE 200
City-State-Zip:	SUNRISE FL 33323

Title	EVP
Name	DROZDOW, GILBERT
Address	1613 NORTH HARRISON PARKWAY SUITE 200
City-State-Zip:	SUNRISE FL 33323

Title	ASST. SECRETARY
Name	SANTARONE, STACY
Address	1613 NORTH HARRISON PARKWAY SUITE 200
City-State-Zip:	SUNRISE FL 33323

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: JILLIAN MARCUS

VP

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date