

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K94427

Entity Name: ANESTHESIOLOGY ASSOCIATES OF TALLAHASSEE, INC.**Current Principal Place of Business:**7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
PLANTATION, FL 33322**Current Mailing Address:**7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
PLANTATION, FL 33322 US**FEI Number:** 59-2970442**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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, DIRECTOR
Name JACKSON, BRIAN
Address 7700 WEST SUNRISE BOULEVARD
 MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title VP, ASST. SECRETARY
Name MARCUS, JILLIAN
Address 7700 WEST SUNRISE BOULEVARD
 MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title SENIOR VICE PRESIDENT CLINICAL
Name DROZDOW, GILBERT
Address 7700 WEST SUNRISE BOULEVARD
 MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title EXECUTIVE VICE PRESIDENT
Name EASTRIDGE, KEVIN
Address 7700 WEST SUNRISE BOULEVARD
 MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title SECRETARY, SENIOR VICE
 PRESIDENT
Name WILSON, CRAIG
Address 7700 WEST SUNRISE BOULEVARD
 MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title CFO
Name STANDIFIRD, JASON
Address 7700 WEST SUNRISE BOULEVARD
 MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title TREASURER
Name RUTHERFORD, KRISTY
Address 7700 WEST SUNRISE BOULEVARD
 MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title VP
Name MORRIS, ERIN
Address 7700 WEST SUNRISE BOULEVARD
 MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

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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: CRAIG WILSON**SECRETARY****04/20/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	AUTHORIZED SIGNOR FOR ENROLLMENT PURPOSES
Name	BEHM, TENNA
Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322