

2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000074622

Entity Name: AMERICAN ANESTHESIOLOGY ASSOCIATES OF FLORIDA, INC.**FILED**
Jul 24, 2017
Secretary of State
CC3293039234**Current Principal Place of Business:**1301 CONCORD TERRACE
SUNRISE, FL 33323**Current Mailing Address:**1301 CONCORD TERRACE
SUNRISE, FL 33323 US**FEI Number: 59-3734258****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CT 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 VP
Name WAGNER, KARL B.
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323Title TREASURER
Name LOPEZ-BLANCO, VIVIAN
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323Title SECRETARY
Name ANDREANO, DOMINIC J.
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323Title VP
Name OTERO, EDUARDO A.
Address 1301 CONCORD TERRACE
City-State-Zip: SUNRISE FL 33323Title DIRECTOR/PRESIDENT
Name MASON, ERIC
Address 1301 CONCORD TERRACE
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: DOMINIC J. ANDREANO**SECRETARY****07/24/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date