

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000074622

**Entity Name:** AMERICAN ANESTHESIOLOGY ASSOCIATES OF FLORIDA, INC.**FILED**  
**Apr 04, 2018**  
**Secretary of State**  
**CC5028660435****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 33323

Title	TREASURER
Name	LOPEZ-BLANCO, VIVIAN
Address	1301 CONCORD TERRACE
City-State-Zip:	SUNRISE FL 33323

Title	SECRETARY
Name	ANDREANO, DOMINIC J.
Address	1301 CONCORD TERRACE
City-State-Zip:	SUNRISE FL 33323

Title	VP
Name	OTERO, EDUARDO A.
Address	1301 CONCORD TERRACE
City-State-Zip:	SUNRISE FL 33323

Title	PRESIDENT
Name	MASON, ERIC
Address	1301 CONCORD TERRACE
City-State-Zip:	SUNRISE FL 33323

Title	DIRECTOR
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****04/04/2018**

Electronic Signature of Signing Officer/Director Detail

Date