

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000074622

**Entity Name:** AMERICAN ANESTHESIOLOGY ASSOCIATES OF FLORIDA, INC.**FILED**  
**Apr 01, 2024**  
**Secretary of State**  
**2861393647CC****Current Principal Place of Business:**1305 WALT WHITMAN RD SUITE 300  
MELVILLE, NY 11747**Current Mailing Address:**1305 WALT WHITMAN RD SUITE 300  
MELVILLE, NY 11747 US**FEI Number: 59-3734258****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**UNITED CORPORATE SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE , FL 32312 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: MICHAEL A BARR****04/01/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	CARTAGENA, , RAFAEL MD
Address	1305 WALT WHITMAN RD SUITE 300
City-State-Zip:	MELVILLE NY 11747

Title	VP
Name	ASCARI, CLAVIO MD
Address	1305 WALT WHITMAN RD SUITE 300
City-State-Zip:	MELVILLE NY 11747

Title	VP
Name	CRAIN, JUSTIN
Address	1305 WALT WHITMAN RD SUITE 300
City-State-Zip:	MELVILLE NY 11747

Title	SECRETARY
Name	GREEN , BETH
Address	1305 WALT WHITMAN RD SUITE 300
City-State-Zip:	MELVILLE NY 11747

Title	TREASURER
Name	BUGOS, JOHN
Address	1305 WALT WHITMAN RD SUITE 300
City-State-Zip:	MELVILLE NY 11747

*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: BETH GREEN****SECRETARY****04/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date