

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000074622

**Entity Name:** MILLENNIUM ANESTHESIA CARE, P.A.**Current Principal Place of Business:**2727 W. DR. MLK BLVD  
SUITE 310  
TAMPA, FL 33607**Current Mailing Address:**2727 W. DR. MLK BLVD  
SUITE 310  
TAMPA, FL 33607**FEI Number: 59-3734258****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GASSMAN, ALAN ESQ  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 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	TRES
Name	PALOMA, ALEXANDER MD
Address	2727 W DR. MLK BLVD #310
City-State-Zip:	TAMPA FL 33607

Title	SECR
Name	PATEL, MUKESH MD
Address	2727 W DR. MLK BLVD #310
City-State-Zip:	TAMPA FL 33607

Title	BM
Name	ESCOBAR, ALEJANDRO MD
Address	2727 W DR. MLK BLVD., STE. 310
City-State-Zip:	TAMPA FL 33607

Title	PRES
Name	GRUBER, JAMES MD
Address	2727 W DR. MLK BLVD., STE. 310
City-State-Zip:	TAMPA FL 33607

Title	BM
Name	REDDY, SATISH MD
Address	2727 W DR. MLK BLVD #310
City-State-Zip:	TAMPA FL 33607

*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: JAMES GRUBER, MD****PRESIDENT****02/27/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date