

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000019001

**Entity Name:** GREATER MIAMI ANESTHESIA SERVICES, P.A.

**Current Principal Place of Business:**

975 BAPTIST WAY  
HOMESTEAD, FL 33033

**Current Mailing Address:**

7337 SW 169TH TERRACE  
MIAMI, FL 33157

**FEI Number: 03-0397735**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BALWANT CHEEMA C P A  
8301 N W 197TH STREET  
HIALEAH, FL 33015 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 PD  
Name KULKARNI, SAMIR MM.D.  
Address 7337 SW 169TH TERRACE  
City-State-Zip: MIAMI FL 33157

*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: SAMIR KULKARNI**

**PRESIDENT**

**01/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date