

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000129755

**Entity Name:** SEACOAST ANESTHESIA SERVICES, INC.

**Current Principal Place of Business:**

862 SW JORDIN AVENUE  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

862 SW JORDIN AVENUE  
PORT ST. LUCIE, FL 34953 US

**FEI Number:** 20-5713839

**Certificate of Status Desired:** No

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

SINGER, MICHAEL SESQ  
3801 PGA BOULEVARD  
SUITE 604  
PALM BEACH GARDENS, FL 33410 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 P/D  
Name SCHLOSSER, JANET E  
Address 862 SW JORDIN AVENUE  
City-State-Zip: PT. ST. LUCIE FL 34953

*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:** JANET E. SCHLOSSER

**PRESIDENT**

**05/03/2015**

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

\_\_\_\_\_  
Date