

2014 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

03/31/2014

Electronic Signature of Signing Officer/Director Detail

Date