

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000104141

Entity Name: FLORIDA SUNSHINE ANESTHESIA PROVIDERS, P.A.

Current Principal Place of Business:

6200 SOUTH SYRACUSE WAY
SUITE 200
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

6200 SOUTH SYRACUSE WAY
SUITE 200
GREENWOOD VILLAGE, CO 80111 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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 DIRECTOR, PRESIDENT
Name HARTENBACH, WILLIAM MD
Address 6200 SOUTH SYRACUSE WAY
 SUITE 200
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title SECRETARY
Name WILSON, CRAIG A
Address 6200 SOUTH SYRACUSE WAY
 SUITE 200
City-State-Zip: GREENWOOD VILLAGE CO 80111

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: CRAIG A. WILSON

SECRETARY

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date