

**2017 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: WILLIAM HARTENBACH, M.D.**

**PRESIDENT**

**02/28/2017**

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

\_\_\_\_\_  
Date