

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000000028

**Entity Name:** SHERIDAN ANESTHESIA SERVICES OF OKLAHOMA, INC.

**FILED**  
**Apr 25, 2022**  
**Secretary of State**  
**6486883417CC**

**Current Principal Place of Business:**

1A BURTON HILLS BLVD  
NASHVILLE, TN 37215

**Current Mailing Address:**

1A BURTON HILLS BLVD  
NASHVILLE, TN 37215 US

**FEI Number: 46-1722747**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           CHUANG MD, CHAN-CHOU  
Address        1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title           SECRETARY, SENIOR VICE  
                  PRESIDENT  
Name           MOORE, ILENE  
Address        1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title           TREASURER  
Name           CHARPENTIER, JASON  
Address        1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

Title           VP  
Name           MUSSO, MATTHEW  
Address        1A BURTON HILLS BLVD  
City-State-Zip: NASHVILLE TN 37215

*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: ILENE MOORE**

**SECRETARY**

**04/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date