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: JOHN R. STAIR

Electronic Signature of Signing Officer/Director Detail

ASSISTANT SECRETARY 04/12/2017

Entity Name: TREASURE COAST ANESTHESIA GROUP, P.A. Current Principal Place of Business:

7111 FAIRWAY DRIVE, SUITE 450 PALM BEACH GARDENS, FL 33418

## **Current Mailing Address:**

265 BROOKVIEW CENTRE WAY, SUITE 400 ATTN: KELLY GREANEY KNOXVILLE, TN 37919 US

## FEI Number: 46-2505521

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

	Title	P, D	Title	VP, TREASURER
	Name	WEISS, JEFFREY MD	Name	BEUERLE, DON
	Address	7111 FAIRWAY DRIVE, SUITE 450	Address	7111 FAIRWAY DRIVE, SUITE 450
	City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418
	Title	AS	Title	AT
	Title Name	AS STAIR, JOHN R	Title Name	AT BARRACK, JOHN
	Name	STAIR, JOHN R 265 BROOKVIEW CENTRE WAY,	Name	BARRACK, JOHN 265 BROOKVIEW CENTRE WAY,

# 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# P13000032468

Date

FILED Apr 12, 2017 Secretary of State CC3157225750

Date