

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000032468

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: LEGAL DEPARTMENT
KNOXVILLE, TN 37919**FEI Number:** 46-2505521**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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	P, D
Name	WEISS, JEFFREY MD
Address	7111 FAIRWAY DRIVE, SUITE 450
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP
Name	WOHLNER, MD, ELLIOTT
Address	7111 FAIRWAY DRIVE, SUITE 450
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	CFO
Name	BEUERLE, DON
Address	7111 FAIRWAY DRIVE, SUITE 450
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	AS
Name	STAIR, JOHN R
Address	265 BROOKVIEW CENTRE WAY, SUITE 400
City-State-Zip:	KNOXVILLE TN 37919

Title	AT
Name	BELMAR, CAROLE
Address	265 BROOKVIEW CENTRE WAY, SUITE 400
City-State-Zip:	KNOXVILLE TN 37919

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**ASST. SECRETARY****04/14/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date