2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2015
Secretary of State
CC4758099132

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Entity Name: SOUTHERN ANESTHESIA PROVIDERS, INC.

Current Principal Place of Business:

1325 SOUTH CONGRESS AVE
SUITE 211
BOYNTON BEACH, FL 33426

Current Mailing Address:

1325 SOUTH CONGRESS AVE
SUITE 211
BOYNTON BEACH, FL 33426

FEI Number: 47-1238956

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
1900 GLADES ROAD
SUITE 401
BOCA RATON, FL 33431 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	Title	VP
Name	DOSCH, MARK R M.D.	Name	MCGUIRE, DANIEL E M.D.
Address	1325 SOUTH CONGRESS AVE, #211	Address	1325 SOUTH CONGRESS AVE, #211
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426

Title	VP
Name	URBAN, MICHAEL M.D.
Address	1325 SOUTH CONGRESS AVE, #211
City-State-Zip:	BOYNTON BEACH FL 33426

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: MARK DOSCH, MD PRESIDENT 03/03/2015

Electronic Signature of Signing Officer/Director Detail — Date