

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087911

Entity Name: MID-FLORIDA ANESTHESIA ASSOCIATES, INC.

FILED
Mar 24, 2015
Secretary of State
CC9893191674

Current Principal Place of Business:

7100 WEST CAMINO REAL,
SUITE 301
BOCA RATON, FL 33433

Current Mailing Address:

7100 WEST CAMINO REAL,
SUITE 301
BOCA RATON, FL 33433 US

FEI Number: 65-0542889

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORDSTROM, THOMAS
7100 WEST CAMINO REAL
SUITE 301
BOCA RATON, FL 33433 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 CONTROLLER
Name ZUCKOFF, PETER
Address 7100 WEST CAMINO REAL #301
City-State-Zip: BOCA RATON FL 33433

Title COO
Name MARTIN, JAY
Address 7100 WEST CAMINO REAL #301
City-State-Zip: BOCA RATON FL 33433

Title DIRECTOR
Name MURPHY, BRIAN
Address 7100 WEST CAMINO REAL #301
City-State-Zip: BOCA RATON FL 33433

Title CFO
Name NORDSTROM, THOMAS
Address 7100 WEST CAMINO REAL
 301
City-State-Zip: BOCA RATON FL 33433

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: PETER ZUCKOFF

CONTROLLER

03/24/2015

Electronic Signature of Signing Officer/Director Detail

Date