

2022 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F13000001447

Entity Name: U.S. ANESTHESIA PARTNERS, INC.**Current Principal Place of Business:**12222 MERIT DRIVE
SUITE 700
DALLAS, TX 75251**Current Mailing Address:**12222 MERIT DRIVE
SUITE 700
DALLAS, TX 75251 US**FEI Number:** 46-0872971**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	DIRECTOR
Name	HINTON, JAMES
Address	12222 MERIT DRIVE SUITE 700
City-State-Zip:	DALLAS TX 75251

Title	PRESIDENT
Name	HICKEY, ANN
Address	12222 MERIT DRIVE SUITE 700
City-State-Zip:	DALLAS TX 75251

Title	CEO/DIRECTOR
Name	COWARD, ROBERT
Address	12222 MERIT DR SUITE 700
City-State-Zip:	DALLAS TX 75251

Title	CFO/TREASURER
Name	MCBEE, TYLER
Address	12222 MERIT DR SUITE 700
City-State-Zip:	DALLAS TX 75251

Title	SECRETARY/EVP
Name	SANFORD, AMY
Address	12222 MERIT DR SUITE 700
City-State-Zip:	DALLAS TX 75251

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: AMY SANFORD**SECRETARY****06/17/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date