



Form Revision Date 07/2016

MI P.C. ANNUAL REPORT (YEARS: 1997-PRESENT)

(Required by Section 911, Act 284, Public Act of 1972)

The identification number assigned by the Bureau is: 800985554

Annual Report Filing Year: 2018

1. The name of the corporation:
SOUTHEAST MICHIGAN ANESTHESIA CONSULTANTS, P.C.

2. The street address of the corporation's registered office and the name of the resident agent at that office:

1. Resident Agent Name: JOFFER HAKIM

2. Street Address: 30435 STONEGATE DR.

Apt/Suite/Other:

City: FRANKLIN

State: MI Zip Code: 48025

3. Mailing address of the corporation's registered office:

P.O. Box or Street
 Address:
 Apt/Suite/Other:
 City:
 State: Zip Code:

4. Provide the name(s) and address(es) of the corporations board of directors and its president, treasurer, and secretary:

Title	Name	Residence or Business Address
PRESIDENT	JOFFER HAKIM	30435 STONEGATE DR. FRANKLIN, MI 48025 USA
TREASURER	JOFFER HAKIM	30435 STONEGATE DR. FRANKLIN, MI 48025 USA
SECRETARY	JOFFER HAKIM	30435 STONEGATE DR. FRANKLIN, MI 48025 USA
DIRECTOR	JOFFER HAKIM	30435 STONEGATE DR. FRANKLIN, MI 48025 USA

5. Describe the general nature and kind of business in which the corporation is engaged in during the year covered by this report:
 PROVIDE ANESTHESIA SERVICES AND CONSULTING.

Section 911(1)(f), Act 284, P.A. of 1972, as amended, requires that the annual report shall list the names and addresses of all shareholders.

The corporation certifies that each shareholder is a licensed person in one or more of the professional services provided by the professional corporation and that the corporation meets the other requirements of chapter 2A.

6. The name(s) and address(es) of all shareholders:

Name	Residence Or Business Address
JOFFER HAKIM	30435 STONEGATE DR. FRANKLIN, MI 48025 USA

This document must be signed by an authorized officer or agent:

Signed this 15th Day of April, 2018 by:

Signature	Title	Title if "Other" was selected
Joffer Hakim	President	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline Accept

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the 2018 ANNUAL REPORT

for

SOUTHEAST MICHIGAN ANESTHESIA CONSULTANTS, P.C.

ID Number: 800985554

received by electronic transmission on April 15, 2018 ***, is hereby endorsed.***

Filed on April 15, 2018 ***, by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 15th day of April, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau