

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
PROFIT CORPORATION ANNUAL REPORT

2019



Due May 15, 2019

File Online at [www.michigan.gov/corppfileonline](http://www.michigan.gov/corppfileonline)

Identification Number <b>800985548</b>	Corporation Name <b>ANN ARBOR ANESTHESIA CONSULTANTS, P.C.</b>
Resident agent name and mailing address of the registered office  <b>DANIEL NICOLI 2006 HOGBACK RD SUITE 5 ANN ARBOR, MI 48105</b>	
The address of the registered office  <b>2006 HOGBACK RD STE 5 ANN ARBOR, MI 48105</b>	

FILED

OCT 25 2021

ADMINISTRATOR  
CORPORATIONS DIVISION

TranInfo: 52 24788447-5 09/07/21  
Chk#: 2716 Amt: \$50.00  
ID: 800985548

TranInfo: 2 24788447-6 09/07/21  
Chk#: 2716 Amt: \$25.00  
ID: 800985548

IF NO CHANGE in the address of the registered office and/or resident agent proceed to Item 4.

1 Change mailing address of registered office in MICHIGAN (can be a P O Box)	2 Change resident agent <i>Gregory Beck</i>																																								
3 Change the address of the registered office in MICHIGAN (cannot be a P O Box)																																									
4 Describe the general nature and kind of business in which the corporation engaged in during the year covered by this report (REQUIRED) <i>Anesthesia Services</i>																																									
5 NAME and BUSINESS OR RESIDENCE ADDRESS of officers and directors (REQUIRED)																																									
	<table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> <th>City</th> <th>State</th> <th>Zip Code</th> </tr> </thead> <tbody> <tr> <td>President <i>Traci L. Coffman, MD</i></td> <td><i>2006 Hogback Rd #5A</i></td> <td><i>Ann Arbor</i></td> <td><i>MI</i></td> <td><i>48105</i></td> </tr> <tr> <td>Secretary (If different than president)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Treasurer (If different than president)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Director</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Director</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Director</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Director</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name	Address	City	State	Zip Code	President <i>Traci L. Coffman, MD</i>	<i>2006 Hogback Rd #5A</i>	<i>Ann Arbor</i>	<i>MI</i>	<i>48105</i>	Secretary (If different than president)					Treasurer (If different than president)					Director					Director					Director					Director				
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6 Signature of authorized officer or agent <i>X Gregory Beck</i>	Title <i>CEO</i>																																								
Date <i>9/2/21</i>	Phone (Optional)																																								

Filing Fee: \$25.00

Report due May 15, 2019.

If received by agency after May 15, penalty fees will be assessed.

Submit

Online: [www.michigan.gov/corppfileonline](http://www.michigan.gov/corppfileonline)

Save time by filing online You will get an immediate response and you can elect to receive future notices by email to the resident agent The agent will also be sent an email when a document is filed, or a CID/PIN is requested You will need your Customer ID number (CID) and PIN, which can be obtained using the CID/PIN recovery page at [www.michigan.gov/corppin](http://www.michigan.gov/corppin)

Mail: Return completed report with a check or money order payable to the State of Michigan to Corporations Division, P O Box 30702, Lansing, MI 48909 (517) 241-6470

If more space is needed, additional pages may be included Do not staple any items to the report Required by Section 911, 1972 PA 284, as amended Failure to file this report may result in the dissolution of the corporation Late filing will result in penalty fees

AD

**CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU  
CORPORATIONS DIVISION  
ANNUAL REPORT**

Identification Number  
**800985548**

**PROFESSIONAL SERVICE CORPORATION  
LIST OF SHAREHOLDERS**

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 1 or more of the professional services provided by the professional corporation and that the corporation meets the other requirements of chapter 2A

List names and complete addresses of all shareholders. Include additional sheets if necessary.

**THIS SECTION MUST BE COMPLETED**

Name	Address	City	State	Zip Code
Traci Coffman, M.D.	2006 Hogback Rd #57A	Ann Arbor	MI	48105
Daniel Nicoli, M.D.	2006 Hogback Rd #57A	Ann Arbor	MI	48105
Name	Address	City	State	Zip Code
Name	Address	City	State	Zip Code
Name	Address	City	State	Zip Code
Name	Address	City	State	Zip Code
Name	Address	City	State	Zip Code
Name	Address	City	State	Zip Code
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