## **DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS** PROFIT CORPORATION ANNUAL REPOR

2021

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SEP 1 0 2021

Due May 15, 2021 File Online at www.michigan.gov/corpfileonline

Identification Number 800985548 Corporation Name ANN ARBOR ANESTHESIA CONSULTANTS, P.C.

Resident agent name and mailing address of the registered office

**DANIEL NICOLI** 2006 HOGBACK RD **SUITE 5 ANN ARBOR, MI 48105**  FILED

OCT 25 2021

**ADMINISTRATOR** CORPORATIONS DIVISION

TranInfo:52 24788447-4 Onk#: 2716 Amt: \$50.40

TranInfo:2 24788447-3

ID: 800985548

TD: 800985548

Quk#: 2716 Amt: \$25.00

09/07/21

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The address of the registered office

2006 HOGBACK RD STE 5 ANN ARBOR, MI 48105

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

1	Change mailing	g address of registered office	in MICHIGAN (can be a P O Box)	2 Change reside	nt agent MY BOC	k_			
3	Change the add	dress of the registered office	in MICHIGAN ( <u>cannot</u> be a P O Bo		J				
4	Describe the general nature and kind of business in which the corporation engaged in during the year covered by this report (REQUIRED)  AMESIA Services								
5	NAME and BUS	SINESS OR RESIDENCE AL	DDRESS of officers and directors (I	REQUIRED)					
		Name	Address	City	State	Zıp Code			
	REQUIRED	President Two L. Coff Secretary (If different than president) Treasurer (If different than president)		saback Rd #SA	Amm Arba	orm±4810S			
	If different than Officers	Director  Director  Director							
6 <b>X</b>	Signature of au	uthorized officer or agent	Title CEO	Date 121	Phone (Optional)				

Filing Fee: \$25.00 Report due May 15, 2021.

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

Online: www.michigan.gov/corpfileonline

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

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

pre 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 allure to file this report may result in the dissolution of the corporation. Late filing will result in penalty fees

CSCL/CD-314 (01/21)

## 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									
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