

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F53816

FILED
Jun 15, 2009
Secretary of State

Entity Name: THE ANESTHESIA GROUP, P.A.

Current Principal Place of Business:

2475 C EAST NINE MILE ROAD
PENSACOLA, FL 32514 US

New Principal Place of Business:

9400 UNIVERSITY PARKWAY
SUITE 208
PENSACOLA, FL 32514 US

Current Mailing Address:

PO BOX 30423
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 59-2166388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENTZ, PHILIP D
2475 C EAST NINE MILE ROAD
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

BENTZ, PHILIP D
9400 UNIVERSITY PARKWAY
SUITE 108
PENSACOLA, FL 32514 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

06/15/2009

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NALLEY, JAMES H MD
Address: 2475 C EAST NINE MILE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: VP () Delete
Name: BENTZ, PHILIP D
Address: 2475 C EAST NINE MILE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: ST () Delete
Name: FINLEY, GAVIN W MD
Address: 2475 C EAST NINE MILE ROAD
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NALLEY, JAMES H MD
Address: 9400 UNIVERSIT PARKWAY, STE 108
City-St-Zip: PENSACOLA, FL 32514

Title: VP (X) Change () Addition
Name: BENTZ, PHILIP D
Address: 9400 UNIVERSITY PARKWAY STE 108
City-St-Zip: PENSACOLA, FL 32514

Title: ST (X) Change () Addition
Name: FINLEY, GAVIN W MD
Address: 9400 UNIVERSITY PARKWAY STE 108
City-St-Zip: PENSACOLA, FL 32514

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PHILIP D BENTZ MD

Electronic Signature of Signing Officer or Director

VP

06/15/2009

Date