

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F53816

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** THE ANESTHESIA GROUP, P.A.

**Current Principal Place of Business:**

9400 UNIVERSITY PARKWAY  
SUITE 108  
PENSACOLA, FL 32514 US

**New Principal Place of Business:**

**Current Mailing Address:**

9400 UNIVERSITY PARKWAY  
SUITE 108  
PENSACOLA, FL 32514 US

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

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

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

Title: ST  
Name: FINLEY, GAVIN W MD  
Address: 9400 UNIVERSITYPARKWAY STE 108  
City-St-Zip: PENSACOLA, FL 32514

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: PHILIP D. BENTZ, M.D.

RA

04/12/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date