

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K07410

FILED
Mar 30, 2009
Secretary of State

Entity Name: ANESTHESIA OF INDIAN RIVER, INC.

Current Principal Place of Business:

1555 INDIAN RIVER BLD STE B120
VERO BEACH, FL 32960

New Principal Place of Business:

1555 INDIAN RIVER BLD STE B120
SUITE B120
VERO BEACH, FL 32960 US

Current Mailing Address:

1555 INDIAN RIVER BLD STE B120
VERO BEACH, FL 32960

New Mailing Address:

1555 INDIAN RIVER BLD STE B120
SUITE B120
VERO BEACH, FL 32960 US

FEI Number: 65-0037808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEGERT, FORD J.
819 BCHLAND BLVD
VERO BEACH, FL 32963 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FEGERT, VIRGINIA E MD
Address: 1555 INDIAN RIVER BLVD B120
City-St-Zip: VERO BEACH, FL 32960

Title: PD () Delete
Name: PORTELL, DONALD J DO
Address: 1555 INDIAN RIVER BLVD B120
City-St-Zip: VERO BEACH, FL 32960

Title: VD () Delete
Name: RICHARDSON, MARION L.,MD
Address: 1555 INDIAN RIVER BLVD, SUITE B120
City-St-Zip: VERO BEACH, FL 32960

Title: SD () Delete
Name: MONUSZKO, EILEEN A MD
Address: 1555 INDIAN RIVER BLVD B120
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: KUPPINGER, JORDAN MD
Address: 1555 INDIAN RIVER BLVD B120
City-St-Zip: VERO BEACH, FL 32960

Title: VD () Delete
Name: WHEELY, MARHTA MD
Address: 1555 INDIAN RIVER BLVD B120
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONALD J. PORTELL, D.O.

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date