

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081639

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** ANESTHESIA COMPREHENSIVE SERVICES, PA

**Current Principal Place of Business:**

13717 SW 14 ST  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

13717 SW 14 ST  
MIAMI, FL 33184

**New Mailing Address:**

1880 SW 36 CT  
MIAMI, FL 33145

**FEI Number:** 65-1139527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORALES AGUILAR, FRANKLIN J M.D.  
13717 SW 14 ST  
MIAMI, FL 33184 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: DP  
Name: MORALES AGUILAR, FRANKLIN J M.D.  
Address: 13717 SW 14 ST  
City-St-Zip: MIAMI, FL 33184

Title: VP  
Name: MORALES, ANA C  
Address: 13717 SW 14 ST  
City-St-Zip: MIAMI, FL 33184

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: MORALEZ AGUILAR FRANKLIN

DP

01/24/2011

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

\_\_\_\_\_ Date