

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036757

FILED
Apr 05, 2012
Secretary of State

Entity Name: ACM ANESTHESIA RELIEF INC

Current Principal Place of Business:

3245 NE 184TH ST
13105
AVENTURA, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

3245 NE 184TH ST
13105
AVENTURA, FL 33160 US

New Mailing Address:

FEI Number: 57-1158369 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MACAZAR, ANDREA
3245 NE 184TH ST.
#13105
AVENTURA, FL 33160 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: MACAZAR, ANDREA
Address: 3245 NE 184TH ST # 13105
City-St-Zip: AVENTURA, FL 33160 US

Title: VP
Name: CASIO, CECILIA
Address: 10905 NE 8TH CT
City-St-Zip: MIAMI, FL 33161

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: ANDREA MACAZAR

P

04/05/2012

Electronic Signature of Signing Officer or Director

_____ Date