

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000095749

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** PEDIATRIC ANESTHESIA, P.A.

**Current Principal Place of Business:**

10080 BALAYE RUN DRIVE  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

204 37TH AVE NORTH  
#322  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

1033 DR. MARTIN LUTHER KING JR. ST. N.  
#108  
ST. PETERSBURG, FL 33701

**FEI Number:** 04-3772471

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VAUGHN, GLENN C M.D.  
1800 NORTSHORE DR. NE  
ST. PETERSBURG, FL 33704 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: VAUGHN, GLENN C MD  
Address: 1800 NORTSHORE DR. NE  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: VP  
Name: BINDING, RONALD R MD  
Address: 10080 BALAYE RUN DR  
City-St-Zip: TAMPA, FL 33619

Title: S  
Name: VAUGHN, GLENN C MD  
Address: 1800 NORTSHORE DR. NE  
City-St-Zip: ST. PETERSBURG, FL 33704

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: GLENN C VAUGHN MD

P

01/07/2011

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

\_\_\_\_\_  
Date