


2007 **FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90006 007 ***150.00

DOCUMENT # P06000012823 1. Entity Name Devine Anesthesia, Inc.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 185 N.E. 4th Avenue Suite, Apt. #, etc. #203 City & State Delray Beach, Fl Zip 33483 Country USA	3. Mailing Address Same Suite, Apt. #, etc. City & State Country
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40039660

CR2E034B (8/05)

4. FEI Number 54-2194769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Henry Dean, P.A.	
Street Address (P.O. Box Number is Not Acceptable) Del-Ida Pro. District 251 Dixie Blvd.	
City Delray Beach, FL	Zip Code 33444

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1- May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended AR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Malon Devine 185 N.E. 4th Ave, #203 Delray Beach, FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  3-12-7
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #