


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90063 030 ***150.00

DOCUMENT # P06000012823
 1. Entity Name
DEVINE ANESTHESIA, INC.



Principal Place of Business Mailing Address
185 NE 4TH AVENUE #203 **185 NE 4TH AVENUE #203**
DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

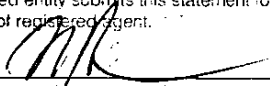
4. FEI Number Applied For
54-2194769 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HENRY DEAN, P.A.
DEL-IDA PROFESSIONAL DISTRICT
251 N.E. DIXIE BOULEVARD
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent
 Name **Malon Devine**
 Street Address (P.O. Box Number is Not Acceptable)
185 N.E.4th Avenue, #203
 City **Delray Beach, FL** Zip Code **33483**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coin. in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE:  DATE: **2-15-8**

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

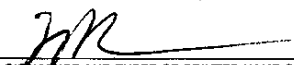
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DEVINE, MALON	
STREET ADDRESS	185 NE 4TH AVENUE #203	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **2-15-8** DAYTIME PHONE #: **561 613 2292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #