

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051606

FILED
Jun 29, 2009
Secretary of State

Entity Name: NARCISSE ANESTHESIA SERVICES PA

Current Principal Place of Business:

4233 WEST HILLSBORO BLVD
COCONUT CREEK, FL 33097

New Principal Place of Business:

Current Mailing Address:

4233 WEST HILLSBORO BLVD
COCONUT CREEK, FL 33097

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHEL, YVES P
4233 WEST HILLSBORO BLVD
P.O. BOX 970535
COCONUT CREEK, FL 33097 US

Name and Address of New Registered Agent:

MICHEL, YVES P
6310 NW 60TH WAY
PARKLAND, FL 33067 US

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:

06/29/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NARCISSE, ELKE
Address: 4233 WEST HILLSBORO BLVD P.O BOX 970535
City-St-Zip: COCONUT CREEK, FL 33097

Title: VP () Delete
Name: MICHEL, YVES P
Address: 4233 WEST HILLSBORO BLVD P.O BOX 970535
City-St-Zip: COCONUT CREEK, FL 33097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELKE NARCISSE

MS.

06/29/2009

Electronic Signature of Signing Officer or Director

Date