

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000080058

FILED
Mar 14, 2012
Secretary of State

Entity Name: SOMNICARE ANESTHESIA CORP

Current Principal Place of Business:

3710 LAKE CENTER DRIVE
ORLANDO, FL 32757

New Principal Place of Business:

Current Mailing Address:

6999 BRESCIA WAY
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 27-3560566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABET-PAYMAN, DARYOUSH MD
6999 BRESCIA WAY
ORLANDO, FL 32819 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: SABET-PAYMAN, DARYOUSH
Address: 6999 BRESCIA WAY
City-St-Zip: ORLANDO, FL 32819

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: DARYOUSH SABET-PAYMAN

CEO

03/14/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date