2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

DOCUMENT# P11000084554

Entity Name: ANESTHESIA PROVIDERS OF CENTRAL FLORIDA II, INC.

Current Principal Place of Business:

608 VISCAYA AVE
ORLANDO, FL 32839 US

New Principal Place of Business:

Current Mailing Address:

608 VISCAYA AVE
ORLANDO, FL 32839 US

New Mailing Address:

FEI Number: 20-5136506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PURCELL, CHERYL A
12842 FORESTEDGE CIR
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

SMART, DONALD
608 VISCAYA AVE
ORLANDO, FL 32839 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: DONALD SMART 01/03/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: SMART, DONALD
Address: 608 VISCAYA AVE
City-St-Zip: ORLANDO, FL 32839 US

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: DONALD SMART PRES 01/03/2012
Electronic Signature of Signing Officer or Director Date