

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62193

FILED
Feb 13, 2012
Secretary of State

Entity Name: BAYFRONT ANESTHESIA SERVICES, P.A.

Current Principal Place of Business:

12225 28TH STREET NORTH
SUITE A
ST PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

12225 28TH STREET NORTH
SUITE A
ST PETERSBURG, FL 33716 US

New Mailing Address:

FEI Number: 59-3072468 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARDER, JEFFREY
12225 28TH STREET NORTH
SUITE A
ST PETERSBURG, FL 33716 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: D
Name: MARDER, JEFFREY
Address: 998 LAKE PLACIDO CT. NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: D
Name: EVANS, BILL
Address: 390 4TH AVE NORTH
City-St-Zip: TERRA VERDE, FL 33715

Title: P
Name: LUDNER, CONFIDENT
Address: 1416 - 72ND AVE., N.E.
City-St-Zip: ST. PETERSBURG, FL

Title: D
Name: BOYAJIAN, JEOFFREY
Address: 2279 MERMAID POINT NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D
Name: LINN, GEORGE MD
Address: 3637 4TH STREET N. #400
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D
Name: WOODS, THOMAS M MD
Address: 3637 4TH STREET N. #400
City-St-Zip: SAINT PETERSBURG, FL 33704

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: JEFFREY MARDER

D

02/13/2012

Electronic Signature of Signing Officer or Director

_____ Date