

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000080058

Entity Name: SOMNICARE ANESTHESIA CORP

Current Principal Place of Business:

8606 BAY SHORE CV
ORLANDO, FL 32836

Current Mailing Address:

8606 BAY SHORE CV
ORLANDO, FL 32836 US

FEI Number: 27-3560566

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SABET-PAYMAN, DARYOUSH MD
8606 BAY SHORE CV
ORLANDO, FL 32836 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name SABET-PAYMAN, DARYOUSH
Address 8606 BAY SHORE CV
City-State-Zip: ORLANDO FL 32836

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

PRESIDENT

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date