

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 460151

FILED
Feb 20, 2012
Secretary of State

Entity Name: PROFESSIONAL ANESTHESIA ASSOCIATES OF VENICE, P.A.

Current Principal Place of Business:

600 SOUTH NOKOMIS AVENUE
SUITE 200
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

600 SOUTH NOKOMIS AVENUE
SUITE 200
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-1547161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'AMICO, JOSEPH
714 LAGUNA DR
VENICE, FL 34285 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: VD
Name: DIENES, ROBERT S. JR.
Address: 418 CEZANNE DRIVE
City-St-Zip: OSPREY, FL 34229

Title: PD
Name: D'AMICO, JOSEPH
Address: 714 LAGUNA DRIVE
City-St-Zip: VENICE, FL 34285

Title: TD
Name: GLOVER, ALAN M
Address: 3070 DICK WILSON DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: SD
Name: ABELLO, DAVID
Address: 4834 HOYER DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: TD
Name: KIRKPATRICK, DAN L
Address: 8710 DUNMORE DRIVE
City-St-Zip: SARASOTA, FL 34231

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: JOSEPH D'AMICO

PD

02/20/2012

Electronic Signature of Signing Officer or Director

Date