

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 532598

FILED
Jan 18, 2012
Secretary of State

Entity Name: WEST FLORIDA ANESTHESIA CONSULTANTS, P.A.

Current Principal Place of Business:

2010 - 59TH ST. WEST
SUITE 5600
BRADENTON, FL 34209

New Principal Place of Business:

2010 - 59TH ST. WEST
SUITE 4650
BRADENTON, FL 34209

Current Mailing Address:

2010 - 59TH ST. WEST
SUITE 5600
BRADENTON, FL 34209

New Mailing Address:

2010 - 59TH ST. WEST
SUITE 4650
BRADENTON, FL 34209

FEI Number: 59-1726851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, SUZANNE M
2010 59TH SUITE 5600
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

OLSON, SUZANNE M
2010 59TH SUITE 4650
BRADENTON, FL 34209 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: SMO

01/18/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: OLSON, SUZANNE M
Address: 2010 59TH ST W SUITE 4650
City-St-Zip: BRADENTON, FL 34209

Title: VP
Name: DEFREITAS, EDWARD A
Address: 2010 59TH STREET WEST SUITE 4650
City-St-Zip: BRADENTON, FL 34209

Title: VP
Name: KOSELAK, DENNIS
Address: 2010 59TH STREET WEST SUITE 4650
City-St-Zip: BRADENTON, FL 34209

Title: T
Name: FLECK, MELISSA J
Address: 2010 59TH ST W #4650
City-St-Zip: BRADENTON, FL 34209

Title: S
Name: RAVVIN, MIKHAIL
Address: 2010 59TH STREET WEST SUITE 4650
City-St-Zip: BRADENTON, FL 34209

Title: VP
Name: GIBSON, TOBIAS
Address: 2010 59TH ST W SUITE #4650
City-St-Zip: BRADENTON, FL 34209

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: SMO

PRES

01/18/2012

Electronic Signature of Signing Officer or Director

Date