

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 537334

FILED
Jan 04, 2011
Secretary of State

Entity Name: BREVARD ANESTHESIA SERVICES, P.A.

Current Principal Place of Business:

1304 OAK ST
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1304 OAK ST
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-1755503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPS, MARIO A MD
1304 OAK ST
MELBOURNE, FL 32901 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: PRES
Name: CAMPS, MARIO A MD
Address: 1304 OAK STREET
City-St-Zip: MELBOURNE, FL 32901

Title: VPRE
Name: SCHRADER, KEITH J MD
Address: 1304 OAK STREET
City-St-Zip: MELBOURNE, FL 32901

Title: CHAI
Name: SALTZMAN, LYLE S MD
Address: 1304 OAK STREET
City-St-Zip: MELBOURNE, FL 32901

Title: VC
Name: GOTAY, RICARDO M MD
Address: 1304 OAK ST
City-St-Zip: MELBOURNE, FL 32901

Title: ST
Name: ROST, JEFFREY A MD
Address: 1304 OAK ST
City-St-Zip: MELBOURNE, FL 32901

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: MARIO A. CAMPS, MD

PRES

01/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date