

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002451

FILED
Jun 11, 2012
Secretary of State

Entity Name: NAPLES ANESTHESIA & PAIN ASSOCIATES INC.

Current Principal Place of Business:

840 111TH AVE. NORTH, SUITE 7
NAPLES, FL 34108

New Principal Place of Business:

840 111TH AVE. NORTH, SUITE 7
840 111TH AVENUE NORTH
NAPLES, FL 34108

Current Mailing Address:

840 111TH AVE. NORTH, SUITE 7
NAPLES, FL 34108

New Mailing Address:

840 111TH AVE. NORTH
SUITE 7
NAPLES, FL 34108

FEI Number: 82-0581917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVATT, JEFF M ESQ.
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

WALTER, STEVEN F ESQ.
840 111TH AVE NORTH
SUITE 7
NAPLES, FL 34108 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: STEVEN F. WALTER, ESQ.

06/11/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCST
Name: PERGOLIZZI, JOSEPH V JR.
Address: 840 111TH AVE. NORTH, SUITE 7
City-St-Zip: NAPLES, FL 34108

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 V. PERGOLIZZI, JR.

PCST

06/11/2012

Electronic Signature of Signing Officer or Director

Date