2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003832

Entity Name: JARIST ANESTHESIOLOGY, P.C.

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business:

67 REYNOLDS DR
LIDO BEACH, NY 11561

Current Mailing Address:

New Mailing Address:

New Mailing Address:

FEI Number: 27-0007849

FEI Number Applied For ()

Name and Address of Current Registered Agent:

New Principal Place of Business:

FELDSTEIN, RHODA 6094 SUNNY POINTE CIRCLE DELRAY BEACH, FL 33484 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDPS () Delete Title: CDPS (X) Change () Addition FELDSTEIN, STEVEN J FELDSTEIN, STEVEN J MD Name: Name: 67 REYNOLDS DR 67 REYNOLDS DR Address: Address: City-St-Zip: LIDO BEACH, NY 11561 City-St-Zip: LIDO BEACH, NY 11561

Title: T () Delete Title: () Change () Addition

 Name:
 FELDSTEIN, STEVEN J
 Name:

 Address:
 67 REYNOLDS DR
 Address:

 City-St-Zip:
 LIDO BEACH, NY 11561
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN J FELDSTEIN,M.D. CDPS 01/04/2008