

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000003480 1. Entity Name QUALITY ANESTHESIA CARE CORP.	
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Principal Place of Business 4100A HEIGEL AVENUE SARASOTA, FL 34242	Mailing Address 4100A HEIGEL AVENUE SARASOTA, FL 34242
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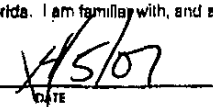
02282007 No Chg-P CR2E034 (11/05)

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4. FEI Number 34-1609116	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOROWITZ, JAY 4100A HEIGEL AVENUE SARASOTA, FL 34242
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IN THIS SPACE**

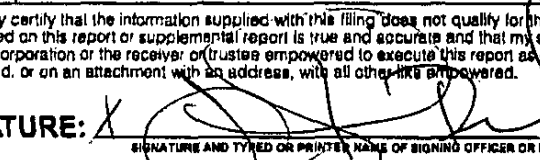
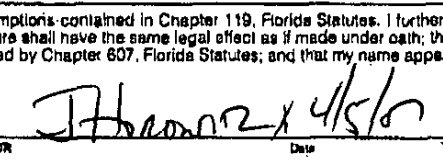
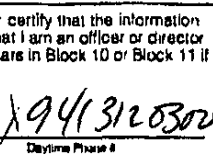
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  Jay Horowitz  4/5/07 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOROWITZ, JAY 4100A HIGEL AVE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BERLINER, IRV 200 PUBLIC SQUARE, STE 2300 CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/26/07-80009-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.
SIGNATURE:  J Horowitz  4/5/07  19413120300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #