## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000003480

Entity Name: QUALITY ANESTHESIA CARE CORP.

FILED Apr 02, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4100A HEIGEL AVENUE 4100A HIGEL AVENUE SARASOTA, FL 34242 SARASOTA, FL 34242 **Current Mailing Address: New Mailing Address:** 4100A HEIGEL AVENUE 4100A HIGEL AVENUE SARASOTA, FL 34242 SARASOTA, FL 34242 FEI Number: 34-1609116 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HOROWITZ, JAY HOROWITZ, JAY 4100A HEIGEL AVENUE 4100A HIGEL AVENUE SARASOTA, FL 34242 US US SARASOTA, FL 34242 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: 04/02/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HOROWITZ, JAY Name: Name: 4100A HIGEL AVE Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: Title: Title: () Change () Addition () Delete Name: BERLINER, IRV Name: 200 PUBLIC SQUARE, STE 2300 Address: Address: CLEVELAND, OH City-St-Zip: 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: JAY HOROWITZ PRES 04/02/2009