

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G04123

FILED
Apr 13, 2008
Secretary of State

Entity Name: EASTERN ANESTHESIA SERVICE, INC.

Current Principal Place of Business:

14 RABBITS RUN
PALM BEACH GARDENS, FL 33408

New Principal Place of Business:

Current Mailing Address:

PO BOX 10643
RIVIERA BEACH, FL 334190643

New Mailing Address:

810 SATURN STREET
SUITE 16
JUPITER, FL 33477 US

FEI Number: 59-2233019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRYE, WILLIAM E
14 RABBITS RUN
PALM BEACH GDNS, FL 33418 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRYE, WILLIAM E,
Address: 14 RABBITS RUN
City-St-Zip: PALM BEACH GDNS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FRYE, WILLIAM E,
Address: 14 RABBITS RUN
City-St-Zip: PALM BEACH GDNS, FL 33418 US

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: WILLIAM E. FRYE

PRES

04/13/2008

Electronic Signature of Signing Officer or Director

_____ Date