2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# J21800

Entity Name: ANESTHESIA CARE TEAM, INC.

Current Principal Place of Business:

3309 SOUTHWEST 34TH CIRCLE
SUITE 101
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

3309 SOUTHWEST 34TH CIRCLE
SUITE 101
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-2689712 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VELISETTI, RAVI K
3309 SW 34TH CIR STE 101
OCALA, FL 34474 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: PSD ( ) Delete
Name: VELISETTI, RAVI,
Address: 3309 SOUTHWEST 34TH CIRCLE STE 101
City-St-Zip: OCALA, FL 34474

Title: VPTD ( ) Delete
Name: RODRIQUEZ, PETER
Address: 3309 SOUTHWEST 34TH CIRCLE STE 101
City-St-Zip: OCALA, FL 34474

Title: T ( ) Delete
Name: LARSEN, CHRISTIAN
Address: 3309 SW 34B CIRCLE STE 101
City-St-Zip: OCALA, FL 34471

Title: S ( ) Delete
Name: HANBUCKEL, JOHN
Address: 3309 SW 34C CIRCLE STE 101
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete
Name: DEVARAPALLI, REDDY
Address: 3309 SW 34D CIRCLE STE 101
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: LARSEN, CHRISTIAN
Address: 3309 SW 34TH CIRCLE STE 101
City-St-Zip: OCALA, FL 34471

Title: S (X) Change ( ) Addition
Name: HEINBOCKEL, JOHN A
Address: 3309 SW 34TH CIRCLE STE 101
City-St-Zip: OCALA, FL 34474

Title: D (X) Change ( ) Addition
Name: DEVARAPALLI, REDDY
Address: 3309 SW 34TH CIRCLE STE 101
City-St-Zip: OCALA, FL 34474

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: RAVI K VELISETTI MD 01/20/2009
Electronic Signature of Signing Officer or Director Date