

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K17537

FILED
Feb 20, 2012
Secretary of State

Entity Name: THE JOSEPH L. RILEY ANESTHESIA ASSOCIATES, P.A.

Current Principal Place of Business:

291 SOUTHHALL LANE
201
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

291 SOUTHHALL LANE
201
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-2905984 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHICK, DAVID L
200 SOUTH ORANGE AVE
SUNTRUST CENTER, SUITE 2300
ORLANDO, FL 32801 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

OFFICERS AND DIRECTORS:

Title: D
Name: ARCARIO, THOMAS J M.D.
Address: 291 SOUTHHALL LANE SUITE 201
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: DOBSON, CHRISTPHER E M.D.
Address: 291 SOUTHHALL LANE SUITE 201
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: AXELROD, MAC M.D.
Address: 291 SOUTHHALL LANE SUITE 201
City-St-Zip: MAITLAND, FL 32751

Title: VP
Name: WARNER, NORMAN MD
Address: 291 SOUTHHALL LANE
City-St-Zip: MAITLAND, FL 32751

Title: P
Name: OLIN, DOUGLAS A MD
Address: 291 SOUTHHALL LANE
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: MICHAELS, ROBERT M.D.
Address: 291 SOUTHHALL LANE
City-St-Zip: MAITLAND, FL 32751

I hereby 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 all other like empowered.

SIGNATURE: DR. OLIN DOUGLAS

PRES

02/20/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date