

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K96835

FILED
Feb 12, 2010
Secretary of State

Entity Name: ATLANTIC COAST ANESTHESIA ASSOCIATES, P.A.

Current Principal Place of Business:

850 NW FEDERAL HIGHWAY
STE 133
STUART, FL 34994

New Principal Place of Business:

1800 SE TIFFANY AVENUE
ANESTHESIA
PORT ST. LUCIE, FL 34952

Current Mailing Address:

850 NW FEDERAL HIGHWAY
STE 133
STUART, FL 34994

New Mailing Address:

POST OFFICE BOX 95
JENSEN BEACH, FL 34958

FEI Number: 65-0123516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STACI L. LUDWIG CPA PA
2112 S US HWY 1 STE 201
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

CRISPIN, JULIE
30 E. HIGH POINT ROAD
STUART, FL 34996 US

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: JULIE CRISPIN, TS

02/12/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP
Name: DRABIN, STEPHANIE
Address: POST OFFICE BOX 95
City-St-Zip: JENSEN BEACH, FL 34958

Title: TS
Name: CRISPIN, JULIE
Address: POST OFFICE BOX 95
City-St-Zip: JENSEN BEACH, FL 34958

Title: P
Name: LANGER, STEVEN
Address: POST OFFICE BOX 95
City-St-Zip: JENSEN BEACH, FL 34958

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: JULIE CRISPIN

TS

02/12/2010

Electronic Signature of Signing Officer or Director

Date