2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# L14512

Entity Name: SARASOTA ANESTHESIOLOGISTS, P.A.

Current Principal Place of Business:

1261 S. TAMIAMI TR.
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1261 S. TAMIAMI TR.
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 65-0152075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEA, JOHN J, JR
2940 S TAMIAMI TRAIL
SARASOTA, FL 34239 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: T
Name: MUTH, DAVID
Address: 4705 ELDER BERRY DR
City-St-Zip: SARASOTA, FL 34241

Title: S
Name: KOROKNAI, GEORGE
Address: P.O. BOX 48914
City-St-Zip: SARASOTA, FL 34230

Title: D
Name: MALLOY, WILLIAM
Address: 1317 S. LAKESHORE DR.
City-St-Zip: SARASOTA, FL 34231

Title: D
Name: TORINE, JEFFREY
Address: 5373 ASHLEY PARKWAY
City-St-Zip: SARASOTA, FL 34241

Title: P
Name: SWARTZ, JEFFREY
Address: 4905 FALLCREST CIRCLE
City-St-Zip: SARASOTA, FL 34233

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: JEFFREY SWARTZ, MD PRES 02/16/2011

Electronic Signature of Signing Officer or Director Date