

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L72421

FILED
Feb 21, 2011
Secretary of State

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

Current Principal Place of Business:

101 N. SEWALLS PT RD.
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1106
STUART, FL 34995 US

New Mailing Address:

FEI Number: 65-0340211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGRAM, KEITH E M.D.
101 N. SEWALLS PT RD.
STUART, FL 34996 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: PT
Name: INGRAM, KEITH E M.D.
Address: 101 N. SEWALLS PT RD.
City-St-Zip: STUART, FL 34996 US

Title: VPS
Name: INGRAM, LINDA
Address: 101 N. SEWALLS PT RD.
City-St-Zip: STUART, FL 34996 US

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: LINDA INGRAM

VP

02/21/2011

Electronic Signature of Signing Officer or Director

Date