## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P00000039281**

1. Entity Name

ROSADO ANESTHESIA SERVICES INC.



Principal Place of Business 6450 SHORELINE DR #9103

SAINT PETERSBURG, FL 33708

Mailing Address 3665 EAST BAY DRIVE STE 204 PMB 274 LARGO, FL 33771 FILED Jan 24, 2007 08:00 AM Secretary of State



01142007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3641038

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

ROSADO, SANDRA M 6450 SHORELINE DR #9103 SAINT PETERSBURG, FL 33708

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8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSADO, SANDRA M 3665 E. BAY DRIVE, #204 LARGO, FL 33771				Hamaaaaaaa
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000600205 01/25/07-80058-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CICMATI IDE.

CITY-ST-ZIP

Sandra M Rosedo

Presduto

1/18/07