

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000042033

FILED
Mar 03, 2010
Secretary of State

Entity Name: BAYSHORE ANESTHESIA, P.A.

Current Principal Place of Business:

2190 HIGHWAY 85 N
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

1013 CROOKED CREEK COVE
NICEVILLE, FL 32578

New Mailing Address:

2190 HIGHWAY 85 N
NICEVILLE, FL 32578

FEI Number: 59-3642299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROADERICK, ARTHUR PAUL
1013 CROOKED CREEK
NICEVILLE, FL 32578 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR
Name: BROADERICK, ARTHUR P
Address: 1013 CROOKED CREEK COVE
City-St-Zip: NICEVILLE, FL 32578

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: KATHLEEN BROADERICK

SECR

03/03/2010

Electronic Signature of Signing Officer or Director

Date