

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000042033

**FILED**  
**May 04, 2012**  
**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:**

**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 P  
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

**OFFICERS AND DIRECTORS:**

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

**Title:** MRS  
**Name:** BROADERICK, KATHLEEN E  
**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:** ARTHUR P BROADERICK

MGR

05/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date