

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000054166

FILED
Mar 02, 2011
Secretary of State

Entity Name: NATURE COAST ANESTHESIA PROVIDERS, P.A.

Current Principal Place of Business:

5 CIRCLE OAKS TRAIL
ORMOND BEACH, FL 32174

New Principal Place of Business:

2862 WEST MAIN STREET
LEESBURG, FL 34748

Current Mailing Address:

5 CIRCLE OAKS TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

2862 WEST MAIN STREET
LEESBURG, FL 34748

FEI Number: 59-3646481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, WILLIAM
5 CIRCLE OAKS TRAIL
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

JONES, WILLIAM
1850 NE 128TH PLACE
BRANFORD, FL 32008 US

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

03/02/2011

Date

OFFICERS AND DIRECTORS:

Title: D
Name: JONES, WILLIAM
Address: 1850 NE 128TH PLACE
City-St-Zip: BRANFORD, FL 32008

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: WILLIAM S. JONES

D

03/02/2011

Electronic Signature of Signing Officer or Director

Date