

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056210

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** REDDICK ANESTHESIA SERVICES, INC.

**Current Principal Place of Business:**

933 MICHIGAN AVENUE  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

933 MICHIGAN AVENUE  
PALM HARBOR, FL 34683

**New Mailing Address:**

**FEI Number:** 59-3652581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REDDICK, JODIE  
933 MICHIGAN AVENUE  
PALM HARBOR, FL 34683 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: DP ( ) Delete  
Name: REDDICK, JODIE  
Address: 933 MICHIGAN AVE  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** JODIE REDDICK

DP

02/03/2009

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

\_\_\_\_\_  
Date