

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056290

FILED
Apr 26, 2011
Secretary of State

Entity Name: ANESTHESIA AND CRITICAL CARE SPECIALISTS OF PALM BEACH, P.A.

Current Principal Place of Business:

903 45TH ST
ATTN: ANESTHESIA DEPT
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

901 45TH ST
FORTIN HALL
WEST PALM BEACH, FL 33407 US

Current Mailing Address:

903 45TH ST
ATTN: ANESTHESIA DEPT
WEST PALM BEACH, FL 33407 US

New Mailing Address:

901 45TH ST
FORTIN HALL
WEST PALM BEACH, FL 33407 US

FEI Number: 74-3031395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZANE, JEFFREY
4100 RCA BLVD
STE. 100
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

THE MEDILAWFIRM
2100 PONCE DE LEON BLVD
SUITE 1000
CORAL GABLES, FL 33134 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: MAX A ADAMS ESQ

04/26/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MGRM
Name: BELL, ELIJAH J
Address: 901 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM
Name: JAMES, PATIENCE A
Address: 901 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM
Name: PADMANABHAN, ASHA
Address: 901 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

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: ASHA PADMANABHAN

MGRM

04/26/2011

Electronic Signature of Signing Officer or Director

Date