2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2008 08:00 AN Secretary of State **DOCUMENT # P00000072163** 1. Entity Name R.P. BURNS, CRNA, INC. Principal Place of Business Mailing Address 19780 NW 83 AVE 19780 NW 83 AVE MIAMI, FL 33015-5991 MIAMI, FL 33015-5991 CR2E034 (11/05) 01122008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1035672 Not Applicabl \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSSOW, GERALD Z ESQ. DO NOT WRITE 4400 PGA BLVD., STE. 700 PALM BEACH GARDENS, FL 33410 IN THIS SPACE 8. 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. I am familiar with, and accep the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable. (FIOTE: Registered Agent signature required when reinstating) C/ATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PRES** TITLE HAME **BURNS, ROSARIO P** STREET ADDRESS 19780 NW 83 AVE CITY-ST-ZIP MIAMI, FL 330155991 TITLE *U00000785954° NAME 01/17/08÷80022±002.150.00 STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-70 IN THIS SPACE DITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/08

<u> 305-829-297</u>7

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