

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000078833

FILED  
Jan 16, 2012  
Secretary of State

Entity Name: PREMIER ANESTHESIA, P.A.

**Current Principal Place of Business:**

118 N WATER STREET  
POINT HARBOR, NC 27964

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 63  
POINT HARBOR, NC 27964

**New Mailing Address:**

FEI Number: 59-3672108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRICKHOUSE, DONNA D  
187 GRAND ISLE BLVD  
PANAMA CITY BEACH, FL 32407 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: P  
Name: BRICKHOUSE, DONNA D  
Address: 118 N WATER STREET  
City-St-Zip: HARBINGER, NC 27941

Title: VP  
Name: BRICKHOUSE, LOIS L  
Address: 125 HALLS HARBOR ROAD  
City-St-Zip: HARBINGER, NC 27941

Title: VP  
Name: CHARLES, LAUREN  
Address: 118 NORTH WATER STREET  
City-St-Zip: POINT HARBOR, NC 27964

Title: VP  
Name: CHARLES, HALEY  
Address: 118 NORTH WATER  
City-St-Zip: POINT HARBOR, NC 27964

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: DONNA BRICKHOUSE CRNA

PRES

01/16/2012

Electronic Signature of Signing Officer or Director

Date