

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000079894

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** SAFE HARBOR ANESTHESIA PRACTICE, INC.

**Current Principal Place of Business:**

6804 CORONET DR.  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

6804 CORONET DR.  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

**FEI Number:** 59-3664159

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COYNE, VIKI  
6804 CORONET DR.  
NEW PORT RICHEY, FL 34655 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: VP  
Name: BAYER, DIANNE  
Address: 36750 U.S. HWY 19 N.  
City-St-Zip: PALM HARBOR, FL 34684

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:** VIK COYNE

PRES

01/06/2010

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

\_\_\_\_\_  
Date