

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089784

FILED
Jan 16, 2011
Secretary of State

Entity Name: EXCEL ANESTHESIA SERVICE, INC.

Current Principal Place of Business:

89 S ATLANTIC AVE #803
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

767 NORTH BEACH STREET
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3678219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BETH
767 NORTH BEACH STREET
ORMOND BEACH, FL 32174 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: VP
Name: SMITH, ELEASE
Address: 1357 HOPTIN COURT
City-St-Zip: MT. PLEASANT, SC 29466

Title: PD
Name: SMITH, BETH A
Address: 767 NORTH BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174

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: BETH SMITH

BS

01/16/2011

Electronic Signature of Signing Officer or Director

Date