

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000089784

**FILED**  
**Jan 27, 2012**  
**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:**

767 NORTH BEACH STREET  
ORMOND BEACH, FL 32174

**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

PD

01/27/2012

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

\_\_\_\_\_  
Date