

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000097396

FILED
Jan 18, 2009
Secretary of State

Entity Name: ADVANCED ANESTHESIA CARE, INC.

Current Principal Place of Business:

1921 W MLK BLVD
TAMPA, FL 33607

New Principal Place of Business:

1921 W MLK BLVD
SUITE A
TAMPA, FL 33607

Current Mailing Address:

PO BOX 152349
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-3677362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENNISON, TATIANA C
1921 W MLK BLVD
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

DENNISON, TATIANA C TATIANA
1921 W MLK BLVD
SUITE A
TAMPA, FL 33607 US

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: TATIANA DENNISON

01/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DENNISON, STANLEY R JR
Address: 1921 W. MLK BLVD
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STANLEY R. DENNISON, JR., M.D.

P

01/18/2009

Electronic Signature of Signing Officer or Director

Date