

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111517

FILED
Mar 06, 2007
Secretary of State

Entity Name: ANESTHESIA ASSOCIATES OF SOUTHERN OHIO, INC.

Current Principal Place of Business:

4362 NORTHLAKE BLVD.
SUITE 207
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

PO BOX 85057
SAN DIEGO, CA 92186

New Principal Place of Business:

4360 NORTHLAKE BLVD.
SUITE 212
PALM BEACH GARDENS, FL 33410

New Mailing Address:

4360 NORTHLAKE BLVD.
SUITE 212
PALM BEACH GARDENS, FL 33410

FEI Number: 65-1070024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEAM HEALTH ANESTHESIA MGMT. SERVICES, INC
4362 NORTHLAKE BLVD STE 207
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

TEAM HEALTH ANESTHESIA MGMT. SERVICES, INC
4360 NORTHLAKE BLVD STE 212
PALM BEACH GARDENS, FL 33410 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:

03/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: NEIL, PRINCIPE MD.
Address: 14050 NW 14T STREET STE 190
City-St-Zip: FORT LAUDERDALE, FL 33323

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 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: NEIL PRINCIPE, M.D.

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03/06/2007

Electronic Signature of Signing Officer or Director

Date