

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000007452

FILED
Jun 18, 2009
Secretary of State

Entity Name: CERTIFIED ANESTHESIA PROFESSIONAL ASSOCIATES, P.A.

Current Principal Place of Business:

1200 WEST AVE #503
MIAMI, FL 33139

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 012344
MIAMI, FL 331012344

New Mailing Address:

FEI Number: 65-1070589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVILIA, TOUSSAINT
1200 WEST AVE #503
MIAMI, FL 33139 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOUSSAINT, LAVILLA
Address: POST OFFICE BOX 012344
City-St-Zip: MIAMI, FL 331012344

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: LAVILIA TOUSSAINT

D

06/18/2009

Electronic Signature of Signing Officer or Director

Date