2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2007
Secretary of State

DOCUMENT# P01000025608

Entity Name: PERRY ANESTHESIA SERVICES, INC.

Current Principal Place of Business:

3651 S CENTRAL AVENUE, #301
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

3766 RESCANNON DR
PMB 190
ORMOND BEACH, FL 32174

New Mailing Address:

3766 ROSCOMMON DR.
PMB 190
ORMOND BEACH, FL 32174

FEI Number: 59-3702513 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HESS & HESS, CPA'S, P.A.
915 OUTER RD, STE 100
ORLANDO, FL 32814 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: PERRY, GAYLE
Address: 3651 S CENTRAL AVENUE, #301
City-St-Zip: FLAGLER BEACH, FL 32136

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: GAYLE PERRY PSTD 01/06/2007

Electronic Signature of Signing Officer or Director Date