

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060774

FILED
Feb 03, 2011
Secretary of State

Entity Name: WELLIVER ANESTHESIA CORP.

Current Principal Place of Business:

96411 BLACKROCK RD
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

96411 BLACKROCK RD
YULEE, FL 32097

New Mailing Address:

FEI Number: 65-1118970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLIVER, MARK D
96411 BLACKROCK RD
YULEE, FL 32097 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: VSD
Name: WELLIVER, MARK D
Address: 96411 BLACKROCK RD
City-St-Zip: YULEE, FL 32097

Title: PTD
Name: WELLIVER, DAWN C
Address: 96411 BLACKROCK RD
City-St-Zip: YULEE, FL 32097

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: DAWN WELLIVER

PTD

02/03/2011

Electronic Signature of Signing Officer or Director

Date