

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000074622

FILED
Mar 24, 2009
Secretary of State

Entity Name: MILLENNIUM ANESTHESIA CARE, P.A.

Current Principal Place of Business:

2727 W. DR. MLK BLVD
SUITE 310
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2727 W. DR. MLK BLVD
SUITE 310
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3734258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN ESQ
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 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: TRES () Delete
Name: ORBEGOSO, ALFREDO MD
Address: 2727 W DR. MLK BLVD #310
City-St-Zip: TAMPA, FL 33607

Title: SECR () Delete
Name: FREEMAN, GEORGE MD
Address: 2727 W DR. MLK BLVD #310
City-St-Zip: TAMPA, FL 33607

Title: BM () Delete
Name: PATEL, MUKESH MD
Address: 2727 W DR. MLK BLVD., STE. 310
City-St-Zip: TAMPA, FL 33607

Title: PRES () Delete
Name: GRUBER, JAMES MD
Address: 2727 W DR. MLK BLVD., STE. 310
City-St-Zip: TAMPA, FL 33607

Title: BM () Delete
Name: ROSEN, DAVID MD
Address: 2727 W DR. MLK BLVD #310
City-St-Zip: TAMPA, FL 33607

Title: BM (X) Delete
Name: WESTBURY, MICHAEL MD
Address: 2727 W DR. MLK BLVD., STE. 310
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ROBERT J. HEIER

PRAC

03/24/2009

Electronic Signature of Signing Officer or Director

Date