2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# P01000104507

Entity Name: FLORIDA ANESTHESIA ADMINISTRATORS ASSOCIATION, INC.

Current Principal Place of Business:

1408 WASHINGTON BLVD NW
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

1408 WASHINGTON BLVD NW
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 65-1128389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALONEY, JOYCE
1408 WASHINGTON BLVD NW
LAKE PLACID, FL 33852 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: D ( ) Delete
Name: WATERHOUSE, LYNDA
Address: 4949 TAMIAMI TRAIL N SUITE 206
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: SCHULTZ, KRISTA MARIE
Address: 2 COLUMBIA DR SUITE A-327
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: FINELLI, MARY
Address: 291 SOUTHALL LANE
City-St-Zip: MAITLAND, FL 32751

Title: ST ( ) Delete
Name: MALONEY, JOYCE
Address: 1408 WASHINGTON BLVD NW
City-St-Zip: LAKE PLACID, FL 33852

Title: P ( ) Delete
Name: FORGIONE, BARBARA
Address: 1214 E. CONCORD STREET
City-St-Zip: ORLANDO, FL 32803

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:

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: JOYCE MALONEY ST 03/08/2009

Electronic Signature of Signing Officer or Director — Date