

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106946

FILED
Mar 30, 2012
Secretary of State

Entity Name: SEBASTIAN RIVER ANESTHESIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

4054 BEAVER LANE, #7
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 510460
PUNTA GORDA, FL 33951

New Mailing Address:

FEI Number: 65-1153590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, HAROLD E ESQ.
1515 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 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: P
Name: POLLIZZI, ANTHONY
Address: P.O. BOX 510460
City-St-Zip: PUNTA GORDA, FL 33951

Title: V
Name: FORENSKY, JAMES P
Address: P. O. BOX 510460
City-St-Zip: PUNTA GORDA, FL 33951

Title: MGRM
Name: STACHTIARIS, ACHILLES O JR.
Address: P. O. BOX 510460
City-St-Zip: PUNTA GORDA, FL 33951

Title: MGRM
Name: MORGAN, ALBERT
Address: P. O. BOX 510460
City-St-Zip: PUNTA GORDA, FL 33951

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: ANTHONY POLLIZZI

P

03/30/2012

Electronic Signature of Signing Officer or Director

Date