

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121950

Entity Name: ANESTHESIA PARTNERS, INC.

FILED  
Jan 04, 2011  
Secretary of State

**Current Principal Place of Business:**

5301 TALLOWOOD WAY  
NAPLES, FL 34116

**New Principal Place of Business:**

12867 CARRINGTON CIRCLE #201  
NAPLES, FL 34105

**Current Mailing Address:**

5301 TALLOWOOD WAY  
NAPLES, FL 34116

**New Mailing Address:**

12867 CARRINGTON CIRCLE #201  
NAPLES, FL 34105

FEI Number: 60-0000418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRUNO, THERESA L  
5301 12TH AVE SW  
NAPLES, FL 34116 US

**Name and Address of New Registered Agent:**

BRUNO, THERESA L  
12867 CARRINGTON CIRCLE #201  
NAPLES, FL 34105 US

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

01/04/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSDT  
Name: BRUNO, THERESA L  
Address: 12867 CARRINGTON CIRCLE #201  
City-St-Zip: NAPLES, FL 34105

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: THERESA BRUNO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PSDT

01/04/2011

\_\_\_\_\_  
Date