

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121950

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** ANESTHESIA PARTNERS, INC.

**Current Principal Place of Business:**

12867 CARRINGTON CIRCLE #201  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

12867 CARRINGTON CIRCLE #201  
NAPLES, FL 34105

**New Mailing Address:**

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  
12867 CARRINGTON CIRCLE #201  
NAPLES, FL 34105 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: 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 L BRUNO

PSDT

01/05/2012

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

\_\_\_\_\_ Date