2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008
Secretary of State

DOCUMENT# P02000036833

Entity Name: SOUTHWEST ANESTHESIA AND PAIN MANAGEMENT, P.A.

Current Principal Place of Business:

9430 TURKEY LAKE ROAD
STE. 112
ORLANDO, FL 32819

New Principal Place of Business:

7300 SAND LAKE COMMONS BLVD.
STE. 112
ORLANDO, FL 32819

Current Mailing Address:

PO BOX 1081
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 03-0415813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALIXTE, CLAIRE-MARIE
8401 SHADY GLEN DR
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

CYPRIEN, CLAIRE-MARIE
6833 DOLCE DRIVE
ORLANDO, FL 32819 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: CLAIRE-MARIE CYPRIEN 05/19/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CYPRIEN, CLAIRE-MARIE
Address: PO BOX 1081
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CLAIRE-MARIE CYPRIEN MMGR 05/19/2008
Electronic Signature of Signing Officer or Director Date