2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P02000048577

Entity Name: ANESTHESIA AND PAIN PHYSICIANS OF FLORIDA, P.A.

Current Principal Place of Business:

814 6TH AVENUE WEST
BRADENTON, FL 34205 US

New Principal Place of Business:

200 THIRD AVE WEST
SUITE 100
BRADENTON, FL 34205 US

Current Mailing Address:

814 6TH AVENUE WEST
BRADENTON, FL 34205 US

New Mailing Address:

200 THIRD AVE WEST
SUITE 100
BRADENTON, FL 34205 US

FEI Number: 43-1962888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMOS, FABIAN
814 6TH AVENUE WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

RAMOS, FABIAN A M.D.
200 THIRD AVE WEST
SUITE 100
BRADENTON, FL 34205 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: JILL TWIGG 04/24/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RAMOS, FABIAN
Address: 814 6TH AVE. WEST
City-St-Zip: BRADENTON, FL 34205

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: JILL TWIGG MS 04/24/2008
Electronic Signature of Signing Officer or Director Date