

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048577

FILED
Apr 21, 2010
Secretary of State

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

Current Principal Place of Business:

200 THIRD AVE WEST
SUITE 100
BRADENTON, FL 34205 US

New Principal Place of Business:

100 THIRD AVE WEST
SUITE 110
BRADENTON, FL 34205 US

Current Mailing Address:

200 THIRD AVE WEST
SUITE 100
BRADENTON, FL 34205 US

New Mailing Address:

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 A M.D.
200 THIRD AVE WEST
SUITE 100
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

RAMOS, FABIAN A M.D.
100 THIRD AVE WEST
SUITE 110
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: FABIAN A RAMOS, M.D.

04/21/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: RAMOS, FABIAN A M.D.
Address: 100 THIRD AVE WEST, SUITE 110
City-St-Zip: BRADENTON, FL 34205

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: FABIAN A RAMOS, M.D.

P

04/21/2010

Electronic Signature of Signing Officer or Director

Date