

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080520

FILED
Apr 30, 2009
Secretary of State

Entity Name: UNITED SERVICES ANESTHESIA, INC.

Current Principal Place of Business:

14000 EAGLE RIDGE LAKES DR
203
FORT MYERS, FL 33912

New Principal Place of Business:

2640 NE 135TH ST #309
MIAMI, FL 33181 US

Current Mailing Address:

14000 EAGLE RIDGE LAKES DR
203
FORT MYERS, FL 33912

New Mailing Address:

2640 NE 135TH ST #309
MIAMI, FL 33181 US

FEI Number: 54-2064612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAZ, EMMANUEL I
14000 EAGLE RIDGE LAKES DR
203
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

PAZ, EMMANUEL I
2640 NE 135TH ST #309
MIAMI, FL 33181 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: EMANUEL PAZ

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAZ, EMMANUEL
Address: 14000 EAGLE RIDGE LAKES DR #203
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PAZ, EMMANUEL
Address: 2640 NE 135TH ST #309
City-St-Zip: MIAMI, FL 33181 US

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: EMMANUEL PAZ

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date