2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2011
Secretary of State

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Entity Name: ANGSTEN CENTER FOR PULMONARY & SLEEP DISORDERS, P.A.

Current Principal Place of Business:

2914 UNIVERSITY PARKWAY
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM KALISH, ESQ.
401 E. JACKSON STREET, SUITE 1700
TAMPA, FL 33602

New Mailing Address:

FEI Number: 22-3867008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: D
Name: ANGSTEN, BRIAN E M.D.
Address: 5408 EVORA AVENUE
City-St-Zip: SARASOTA, FL 34235

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: BRIAN ANGSTEN D 03/05/2011

Electronic Signature of Signing Officer or Director Date