

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109001

FILED
Apr 14, 2010
Secretary of State

Entity Name: ANESTHESIA UNLIMITED, INC.

Current Principal Place of Business:

801 E. 6TH STREET
SUITE 205-A
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

801 E. 6TH STREET
SUITE 205-A
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-3761966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KRADEL, BRIAN K MD
801 E. 6TH STREET
SUITE 205-A
PANAMA CITY, FL 32401 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: KRADEL, BRIAN K MD
Address: 801 E. 6TH ST., SUITE 205A
City-St-Zip: PANAMA CITY, FL 32401

Title: D
Name: GANDY, STEVEN E M.D.
Address: 801 E. 6TH STREET SUITE 205-A
City-St-Zip: PANAMA CITY, FL 32401

Title: D
Name: MANISCALCO, JOE M M.D.
Address: 801 E. 6TH STREET SUITE 205-A
City-St-Zip: PANAMA CITY, FL 32401

Title: D
Name: ROAKE, BRIAN J M.D.
Address: 801 E. 6TH STREET SUITE 205-A
City-St-Zip: PANAMA CITY, FL 32401

Title: D
Name: NOWAK, NATHAN MD
Address: 801 E 6TH STREET SUITE 205-A
City-St-Zip: PANAMA CITY, FL 32401

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 K KRADEL MD

D

04/14/2010

Electronic Signature of Signing Officer or Director

Date