

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000114773

**FILED**  
**May 03, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA ANESTHESIA SERVICES, INC.

**Current Principal Place of Business:**

10097 CLEARY BLVD.  
SUITE 358  
PLANTATION, FL 33324

**New Principal Place of Business:**

1219 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

10097 CLEARY BLVD.  
SUITE 358  
PLANTATION, FL 33324

**New Mailing Address:**

1219 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33019

**FEI Number:** 50-0007823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPINELLI, STEPHEN  
10097 CLEARY BLVD.  
SUITE 358  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

SPINELLI, STEPHEN  
1219 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33019 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:

05/03/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: SPINELLI, STEPHEN  
Address: 1219 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL 33019

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: STEPHEN SPINELLI

CEO

05/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date