

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117928

Entity Name: FOWLER ANESTHESIA INC.

FILED  
Jun 11, 2012  
Secretary of State

**Current Principal Place of Business:**

509 SPRING ST.  
HAZARD, KY 41701

**New Principal Place of Business:**

**Current Mailing Address:**

509 SPRING ST.  
HAZARD, KY 41701

**New Mailing Address:**

FEI Number: 74-3070056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FOWLER, STEVEN J  
3994 S.W. 102ND PLACE  
OCALA, FL 34476 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: P  
Name: FOWLER, STEVEN J  
Address: 59 SPRING ST  
City-St-Zip: HAZARD, KY 41701

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: STEVEN FOWLER

PRE

06/11/2012

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

\_\_\_\_\_ Date