

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128822

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: BERTRAND ANESTHESIA & ASSOCIATES, INC.

**Current Principal Place of Business:**

581 LAKE DRIVE  
OCALA, FL 34472

**New Principal Place of Business:**

**Current Mailing Address:**

3009 ESTATE ORANGE GROVE  
#112  
ST CROIX, VI 00820

**New Mailing Address:**

1736 SUGAR MAPLE COURT  
CHARLOTTESVILLE, VA 22903

FEI Number: 01-0760387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BERTRAND, PAUL  
581 LAKE DRIVE  
OCALA, FL 34472 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: P ( ) Delete  
Name: BERTRAND, PAUL  
Address: 581 LAKE DRIVE  
City-St-Zip: Ocala, FL 34472

Title: VP ( ) Delete  
Name: BERTRAND, NIKI  
Address: 581 LAKE DRIVE  
City-St-Zip: Ocala, FL 34472

Title: T ( ) Delete  
Name: BERTRAND, PAUL  
Address: 581 LAKE DRIVE  
City-St-Zip: Ocala, FL 34472

Title: S ( ) Delete  
Name: BERTRAND, NIKI  
Address: 581 LAKE DRIVE  
City-St-Zip: Ocala, FL 34472

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PAUL BERTRAND

P

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date