

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016075

FILED
Apr 30, 2007
Secretary of State

Entity Name: SUMMERLIN ANESTHESIA ASSOCIATES, INC.

Current Principal Place of Business:

1099 AUGUSTA FALLS WAY
NAPLES, FL 341191362

New Principal Place of Business:

Current Mailing Address:

1099 AUGUSTA FALLS WAY
NAPLES, FL 341191362

New Mailing Address:

FEI Number: 16-1653191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE REGISTERED AGENT, LLC
5147 CASTELLO DRIVE
NAPLES, FL 34103 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: PD () Delete
Name: ELLIS, KENNETH D.O.
Address: 1099 AUGUSTA FALLS WAY
City-St-Zip: NAPLES, FL 341191362

Title: STD () Delete
Name: ELLIS, DEBORAH S
Address: 1099 AUGUSTA FALLS WAY
City-St-Zip: NAPLES, FL 341191362

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KENNETH ELLIS

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date