


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000016075 1. Entity Name SUMMERLIN ANESTHESIA ASSOCIATES, INC.	
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Principal Place of Business 1099 AUGUSTA FALLS WAY NAPLES, FL 34119-1362	Mailing Address 1099 AUGUSTA FALLS WAY NAPLES, FL 34119-1362
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DO NOT WRITE IN THIS SPACE

03092008 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1653191	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE REGISTERED AGENT, LLC
5147 CASTELLO DRIVE
NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000951267
06/04/08-80027-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIS, KENNETH D.O. 1099 AUGUSTA FALLS WAY NAPLES, FL 341191362
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELLIS, DEBORAH S 1099 AUGUSTA FALLS WAY NAPLES, FL 341191362
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **KENNETH ELLIS** Date **4/30/08** Daytime Phone # **239 595 1774**