

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024315

FILED
Apr 15, 2009
Secretary of State

Entity Name: SCARLETT ANESTHESIA SERVICES, P.A.

Current Principal Place of Business:

4450 BROAD STREET
MARIANNA, FL 32446

New Principal Place of Business:

4450 BROAD STREET
MARIANNA, FL 32446 US

Current Mailing Address:

P.O. BOX 5971
MARIANNA, FL 32447

New Mailing Address:

P.O. BOX 5971
MARIANNA, FL 32447 US

FEI Number: 30-0162526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINSON, SCARLETT B
726 GULF AIRE DRIVE
PORT ST. JOE, FL 32456 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: OFFI () Delete
Name: HINSON, SCARLETT B
Address: 726 GULF AIRE DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SCARLETT B. HINSON

OFFI

04/15/2009

Electronic Signature of Signing Officer or Director

Date