2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

DOCUMENT# P03000024315

Entity Name: SCARLETT ANESTHESIA SERVICES, P.A.

Current Principal Place of Business:

4450 BROAD STREET
MARIANNA, FL 32446 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5971
MARIANNA, FL 32447 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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: SCARLETT B. HINSON OFFI 04/26/2012

Electronic Signature of Signing Officer or Director Date