

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000044387

FILED
Jul 17, 2012
Secretary of State

Entity Name: JACKSONVILLE ANESTHESIA CORPORATION, INC.

Current Principal Place of Business:

3245 SW 34TH ST.
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

3245 SW 34TH ST.
OCALA, FL 34474

New Mailing Address:

FEI Number: 04-3753610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, CHERYL MD
3245 SW 34TH ST.
OCALA, FL 34474 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: D
Name: MARTIN, GLEN F M.D.
Address: 3245 SW 34TH ST.
City-St-Zip: Ocala, FL 34474

Title: D
Name: JIMENEZ, JOSE F MD
Address: 3245 SW 34TH ST.
City-St-Zip: Ocala, FL 34474

Title: D
Name: WOESTE, JOHN T M.D.
Address: 3245 SW 34TH ST.
City-St-Zip: Ocala, FL 34474

Title: D
Name: DIXON, CHERYL L M.D.
Address: 3245 SW 34TH ST.
City-St-Zip: Ocala, FL 34474

Title: D
Name: RAMJOHN, JOANNE A
Address: 3245 SW 34TH ST.
City-St-Zip: Ocala, FL 34474

Title: D
Name: GIMBEL, ANGELA D MD
Address: 3245 SW 34TH ST.
City-St-Zip: Ocala, FL 34474

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: CHERYL L DIXON, MD

D

07/17/2012

Electronic Signature of Signing Officer or Director

Date