

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048283

FILED
Feb 14, 2007
Secretary of State

Entity Name: FLORIDA ANESTHESIOLOGIST SERVICE P.A.

Current Principal Place of Business:

525 W LEE STREET
PENSACOLA, FL 32501

New Principal Place of Business:

9021 SW 94 STREET
APT 401
MIAMI, FL 33176

Current Mailing Address:

525 W LEE STREET
PENSACOLA, FL 32501

New Mailing Address:

9021 SW 94 STREET
APT 401
MIAMI, FL 33176

FEI Number: 20-0018424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, ORLANDO M.D.
525 W LEE STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

GARCIA, ORLANDO M.D.
9021 SW 94 STREET
APT 401
MIAMI, FL 33176 US

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:

02/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA, ORLANDO M.D.
Address: 525 W LEE STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VP () Delete
Name: GARCIA, ORLANDO M.D.
Address: 525 W LEE STREET
City-St-Zip: PENSACOLA, FL 32501

Title: SEC () Delete
Name: GARCIA, ORLANDO M.D.
Address: 525 W LEE STREET
City-St-Zip: PENSACOLA, FL 32501

Title: TRES () Delete
Name: GARCIA, ORLANDO M.D.
Address: 525 W LEE STREET
City-St-Zip: PENSACOLA, FL 32501

Title: DIR () Delete
Name: GARCIA, ORLANDO M.D.
Address: 525 W LEE STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARCIA, ORLANDO M.D.
Address: 9021 SW 94 STREET, #401
City-St-Zip: MIAMI, FL 33176

Title: VP (X) Change () Addition
Name: GARCIA, ORLANDO M.D.
Address: 9021 SW 94 STREET, #401
City-St-Zip: MIAMI, FL 33176

Title: SEC (X) Change () Addition
Name: GARCIA, ORLANDO M.D.
Address: 9021 SW 94 STREET, #401
City-St-Zip: MIAMI, FL 33176

Title: TRES (X) Change () Addition
Name: GARCIA, ORLANDO M.D.
Address: 9021 SW 94 STREET, #401
City-St-Zip: MIAMI, FL 33176

Title: DIR (X) Change () Addition
Name: GARCIA, ORLANDO M.D.
Address: 9021 SW 94 STREET, #401
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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: ORLANDO GARCIA, MD

P

02/14/2007

Electronic Signature of Signing Officer or Director

Date