

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048283

FILED
Apr 30, 2008
Secretary of State

Entity Name: FLORIDA ANESTHESIOLOGIST SERVICE P.A.

Current Principal Place of Business:

9021 SW 94 STREET
APT 401
MIAMI, FL 33176

New Principal Place of Business:

7351 SW 90TH STREET
TH101
MIAMI, FL 33156

Current Mailing Address:

9021 SW 94 STREET
APT 401
MIAMI, FL 33176

New Mailing Address:

7351 SW 90TH STREET
TH101
MIAMI, FL 33156

FEI Number: 20-0018424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GARCIA, ORLANDO M.D.
7351 SW 90TH STREET
TH101
MIAMI, FL 33156 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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARCIA, ORLANDO M.D.
Address: 7351 SW 90TH STREET, TH101
City-St-Zip: MIAMI, FL 33156

Title: VP (X) Change () Addition
Name: GARCIA, ORLANDO M.D.
Address: 7351 SW 90TH STREET, TH101
City-St-Zip: MIAMI, FL 33156

Title: SEC (X) Change () Addition
Name: GARCIA, ORLANDO M.D.
Address: 7351 SW 90TH STREET, TH101
City-St-Zip: MIAMI, FL 33156

Title: TRES (X) Change () Addition
Name: GARCIA, ORLANDO M.D.
Address: 7351 SW 90TH STREET, TH101
City-St-Zip: MIAMI, FL 33156

Title: DIR (X) Change () Addition
Name: GARCIA, ORLANDO M.D.
Address: 7351 SW 90TH STREET, TH101
City-St-Zip: MIAMI, FL 33156

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: ORLANDO GARCIA-PIEDRA

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date