

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088417

FILED
Mar 11, 2010
Secretary of State

Entity Name: D & B ANESTHESIA CARE, INC.

Current Principal Place of Business:

3931 NW 96TH AVENUE
COOPER CITY, FL 33024

New Principal Place of Business:

Current Mailing Address:

3931 NW 96TH AVENUE
COOPER CITY, FL 33024

New Mailing Address:

FEI Number: 20-0193660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FANELLI, FRANK
650 PINE RIDGE TERRACE
DAVIE, FL 33325 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: P
Name: SCARPONE-BASARAN, DOREEN M
Address: 3931 NW 96TH AVENUE
City-St-Zip: COOPER CITY, FL 33024

Title: V
Name: BASARAN, METIN
Address: 3931 NW 96TH AVENUE
City-St-Zip: COOPER CITY, FL 33024

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: DOREEN SCARPONE-BASARAN

PRES

03/11/2010

Electronic Signature of Signing Officer or Director

Date