

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000107805

FILED
Feb 04, 2012
Secretary of State

Entity Name: SOUTHWEST FLORIDA ANESTHESIOLOGY & PAIN MANAGEMENT P.A.

Current Principal Place of Business:

10315 VIA ROMANO COURT
MIROMAR LAKES, FL 33913

New Principal Place of Business:

Current Mailing Address:

10315 VIA ROMANO COURT
MIROMAR LAKES, FL 33913

New Mailing Address:

FEI Number: 03-0529127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOD, RICHARD K MD
10315 VIA ROMANO CT
MIROMAR LAKES, FL 33913 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: PSTD
Name: HOOD, RICHARD K M.D.
Address: 10315 VIA ROMANO COURT
City-St-Zip: MIROMAR LAKES, FL 33913

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: RICHARD KEITH HOOD

PSTD

02/04/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date