

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000022682

Entity Name: KS ANESTHESIA, INC.

FILED  
May 02, 2008  
Secretary of State

## Current Principal Place of Business:

5399 E HWY 30-A  
PMB 250  
SEA GROVE BEACH, FL 32459

## Current Mailing Address:

5399 E HWY 30-A  
PMB 250  
SEA GROVE BEACH, FL 32459

## New Principal Place of Business:

174 WATERCOLOR WAY  
SUITE 355  
SANTA ROSA BEACH, FL 32459

## New Mailing Address:

174 WATERCOLOR WAY  
SUITE 355  
SANTA ROSA BEACH, FL 32459

FEI Number: 37-1428668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEKOSKI, KAREN  
5399 E HWY 30-A  
PMB 250  
SEA GROVE BEACH, FL 32459 US

## Name and Address of New Registered Agent:

SEKOSKI, KAREN  
174 WATERCOLOR WAY  
SUITE 355  
SANTA ROSA BEACH, FL 32459 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:

05/02/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: SEKOSKI, KAREN  
Address: 5399 E HWY 30-A PMB 250  
City-St-Zip: SEAGROVE BEACH, FL 32459

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SEKOSKI, KAREN  
Address: 174 WATERCOLOR WAY SUITE 355  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: KAREN SEKOSKI

PRES

05/02/2008

Electronic Signature of Signing Officer or Director

Date