

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000025729

Entity Name: MICHAEL HAYS ANESTHESIA INC

FILED
Sep 16, 2011
Secretary of State

Current Principal Place of Business:

2106 STONEVIEW RD.
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

2106 STONEVIEW RD.
ODESSA, FL 33556

New Mailing Address:

FEI Number: 57-1205125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYS, MICHAEL B
2106 STONEVIEW RD.
ODESSA, FL 33556 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: PD
Name: HAYS, MICHAEL
Address: 2106 STONEVIEW RD.
City-St-Zip: ODESSA, FL 33556

Title: VPD
Name: HAYS, KIM
Address: 2106 STONEVIEW RD
City-St-Zip: ODESSA, FL 33556

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: MICHAEL HAYS

P

09/16/2011

Electronic Signature of Signing Officer or Director

Date