

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049584

Entity Name: SUNSOUTH ANESTHESIA, INC.

FILED
Feb 26, 2008
Secretary of State

Current Principal Place of Business:

13642 BLUEWATER CIRCLE
ORLANDO, FL 32828

New Principal Place of Business:

29 MAGNOLIA BEACH WAY
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

13642 BLUEWATER CIRCLE
ORLANDO, FL 32828

New Mailing Address:

200 LONGLEAF DR
PETAL, MS 39465 US

FEI Number: 03-0410872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRETT, WESLEY JON
13642 BLUEWATER CIRCLE
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

BARRETT, WESLEY JON
29 MAGNOLIA BEACH WAY
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: WESLEY JON BARRETT

02/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BARRETT, WESLEY JON
Address: 13642 BLUEWATER CIRCLE
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: BARRETT, WESLEY JON
Address: 29 MAGNOLIA BEACH WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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: WESLEY JON BARRETT

PST

02/26/2008

Electronic Signature of Signing Officer or Director

Date