

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90267 047 ***150.00

DOCUMENT # P04000058193					
1. Entity Name ANESTHETIC SOLUTIONS INC					
Principal Place of Business 3140B LANDTREE CIRCLE ORLANDO, FL 32812 US			Mailing Address 3140B LANDTREE CIRCLE ORLANDO, FL 32812 US		
2. Principal Place of Business 454 Carrington Pkwy Suite, Apt. #, etc.		3. Mailing Address 454 Carrington Pkwy Suite, Apt. #, etc.			
City & State Montgomery, Alabama		City & State Montgomery, Alabama		4. FEI Number 20-0952354	
Zip 36117		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, ROBERT L 3140B LANDTREE CIRCLE ORLANDO, FL 32812			7. Name and Address of New Registered Agent Corporation Service Company 1201 Hays St Tallahassee FL 32301		
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;"> SIGNATURE </div> <div style="width: 40%; text-align: center;"> Jeanine Reynolds as its agent </div> <div style="width: 20%; text-align: right;"> 2-28-05 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	MURRAY, ROBERT L <input checked="" type="checkbox"/> Delete		TITLE P	Murray, Robert L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3140B LANDTREE CIRCLE	ORLANDO, FL 32812		STREET ADDRESS 454 Carrington Pkwy	Montgomery, Alabama 36117	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Robert L Murray (President) 3-3-2005 334-669-0084					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					