2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2011
Secretary of State

DOCUMENT# P04000063423

Entity Name: THREE RIVERS ANESTHESIA SERVICE,P.A.

Current Principal Place of Business:

288 SE SUZANNE WAY
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

288 SE SUZANNE WAY
LAKE CITY, FL 32025

New Mailing Address:

106 NYES CORNER DR.
FAIRFIELD, ME 04937

FEI Number: 20-0999358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCNAIR, JAMES H
288 SE SUZANNE WAY
LAKE CITY, FL 32025 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: PST
Name: MCNAIR, JAMES H
Address: 288 SE SUZANNE WAY
City-St-Zip: LAKE CITY, FL 32025

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: JAMES H. MCNAIR PST 03/23/2011

Electronic Signature of Signing Officer or Director Date