

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 21, 2011
Secretary of State

Entity Name: COLLIER ANESTHESIA PAIN, P.A.

Current Principal Place of Business:

1336 CREEKSIDE BLVD.
SUITE 1
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

1336 CREEKSIDE BLVD.
SUITE 1
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-1224861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIER ANESTHESIA, P.A.
1336 CREEKSIDE BLVD.
SUITE 1
NAPLES, FL 34108 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: P
Name: COOK, THOMAS L
Address: 1336 CREEKSIDE BLVD., STE. 1
City-St-Zip: NAPLES, FL 34108

Title: VP
Name: ANDERSON, LEE
Address: 1336 CREEKSIDE BLVD., STE. 1
City-St-Zip: NAPLES, FL 34108

Title: T
Name: BROOKS, MILLARD
Address: 1336 CREEKSIDE BLVD., STE. 1
City-St-Zip: NAPLES, FL 34108

Title: D
Name: PAINE, GREGORY
Address: 1336 CREEKSIDE BLVD., STE. 1
City-St-Zip: NAPLES, FL 34108

Title: D
Name: CALDWELL, WILLIAM B
Address: 1336 CREEKSIDE BLVD., STE. 1
City-St-Zip: NAPLES, FL 34108

Title: S
Name: LYNDA, WATERHOUSE
Address: 1336 CREEKSIDE BLVD., STE. 1
City-St-Zip: NAPLES, FL 34108

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: LYNDA WATERHOUSE

S

04/21/2011

Electronic Signature of Signing Officer or Director

Date