

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099399

Entity Name: KEILO ANESTHESIA, INC.

FILED  
Jan 13, 2009  
Secretary of State

## Current Principal Place of Business:

215 EAST RIVERPARK DRIVE  
JUPITER, FL 33477

## New Principal Place of Business:

## Current Mailing Address:

215 EAST RIVERPARK DRIVE  
JUPITER, FL 33477

## New Mailing Address:

FEI Number: 05-0605385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

SORRENTINO, CHERYL A PSTD  
215 EAST RIVERPARK DRIVE  
JUPITER, FL 33477 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: CHERYL A SORRENTINO

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: SORRENTINO, CHERYL  
Address: 215 EAST RIVERPARK DRIVE  
City-St-Zip: JUPITER, FL 33477

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHERYL A SORRENTINO

PSTD

01/13/2009

Electronic Signature of Signing Officer or Director

Date