

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000127749

Entity Name: MDP ANESTHESIA, INC

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

300 5TH AVE SOUTH  
101 - 338  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

300 5TH AVE SOUTH  
101 - 338  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 76-0770079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIGIACOMO, TRACY A CEO  
300 5TH AVE SOUTH  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

DIGIACOMO, TRACY A  
300 5TH AVE SOUTH  
NAPLES, FL 34102 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: TRACY DIGIACOMO

04/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: DIGIACOMO, TRACY A  
Address: 300 5TH AVE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: MAN  
Name: DIGIACOMO, DENNIS JR  
Address: 300 5TH AVE SOUTH  
City-St-Zip: NAPLES,, FL 34102

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: TRACY DIGIACOMO

CEO

04/11/2012

Electronic Signature of Signing Officer or Director

Date