

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140892

Entity Name: CRNA PROVIDERS, INC.

FILED
Jan 20, 2008
Secretary of State

Current Principal Place of Business:

1026 LEE STREET
ENGLEWOOD, FL 34224

New Principal Place of Business:

1026 LEE STREET
ENGLEWOOD, FL 342245048 US

Current Mailing Address:

1026 LEE STREET
ENGLEWOOD, FL 34224

New Mailing Address:

1026 LEE STREET
ENGLEWOOD, FL 342245048 US

FEI Number: 59-3721167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BEARY, ALICE
Address: 1026 LEE STREET
City-St-Zip: ENGLEWOOD, FL 34224

Title: VTD () Delete
Name: BEARY, RAYMOND
Address: 1026 LEE STREET
City-St-Zip: ENGLEWOOD, FL 34224

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: BEARY, ALICE
Address: 1026 LEE STREET
City-St-Zip: ENGLEWOOD, FL 342245048 US

Title: VTD (X) Change () Addition
Name: BEARY, RAYMOND
Address: 1026 LEE STREET
City-St-Zip: ENGLEWOOD, FL 342245048 US

Title: SEC () Change (X) Addition
Name: HAY, ELISE
Address: 17397 COX AVE.
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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: ALICE BEARY

PSD

01/20/2008

Electronic Signature of Signing Officer or Director

Date