2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140892

Entity Name: CRNA PROVIDERS, INC.

FILED Jan 05, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1026 LEE ENGLEW	STREET OOD, FL 342	245048 US			
Current Mailing Address:			New Mailing Address:		
1026 LEE ENGLEW	STREET OOD, FL 342	245048 US			
FEI Number	: 59-3721167	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
The above	ST. OOD, FL 342:		e purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BEARY, ALICI 1026 LEE STF		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	BEARY, RAYN 1026 LEE STF		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	HAY, ELISE 17397 COX A) Delete VE. OTTE, FL 33948 US	Title: Name: Address: City-St-Zip:	() Change() Addition	

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 01/05/2009