

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000167826

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** WHITE SANDS ANESTHESIA & PAIN MEDICINE, INC.

**Current Principal Place of Business:**

2338 STATE AVENUE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1968  
PANAMA CITY, FL 32402

**New Mailing Address:**

**FEI Number:** 20-2214491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCRIBNER, CASANDRA H  
2338 STATE AVE  
PANAMA CITY, FL 32405 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-VP  
Name: ZWINGELBERG, KEITH M  
Address: 2338 STATE AVENUE  
City-St-Zip: PANAMA CITY, FL 32405

Title: S-T  
Name: ZWINGELBERG, KEITH M  
Address: 2338 STATE AVENUE  
City-St-Zip: PANAMA CITY, FL 32405

Title: D  
Name: SCRIBNER, CASANDRA  
Address: 2338 STATE AVENUE  
City-St-Zip: PANAMA CITY, FL 32405

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: CASANDRA SCRIBNER

D

04/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date