

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022279

Entity Name: LOPEZ ANESTHESIA SERVICES, INC.

FILED
May 09, 2008
Secretary of State

Current Principal Place of Business:

111 HIDDEN LAKES DR
MIRIMAR BCH, FL 32550

New Principal Place of Business:

10859 EMERALD COAST HWH W.
PERSONAL BOX 134
MIRIMAR BCH, FL 32550

Current Mailing Address:

PERSONAL MAIL BOX 134
10859 EMERALD COAST HWY WEST
MIRIMAR BCH, FL 32550

New Mailing Address:

10859 EMERALD COAST HWH W.
PERSONAL BOX 134
MIRIMAR BCH, FL 32550

FEI Number: 20-2123834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, DANIEL
111 HIDDEN LAKES DR
MIRIMAR BCH, FL 32550 US

Name and Address of New Registered Agent:

LOPEZ, DANIEL
10859 EMERALD COAST HWH W.
PERSONAL BOX 134
MIRIMAR BCH, FL 32550 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: ROBERT DESCHANO

05/09/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPEZ, DANIEL
Address: 111 HIDDEN LAKES DR
City-St-Zip: MIRAMAR BEACH, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOPEZ, DANIEL
Address: 10859 EMERALD COAST HWH W.; BOX 134
City-St-Zip: MIRAMAR BEACH, FL 32550

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: ROBERT DESCHANO

CPA

05/09/2008

Electronic Signature of Signing Officer or Director

Date