

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022279

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** LOPEZ ANESTHESIA SERVICES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

11275 EMERALD COAST PKWY. W  
SUITE 6, PMB # 134  
MIRIMAR BCH, FL 32550

**Current Mailing Address:**

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

**New Mailing Address:**

11275 EMERALD COAST PKWY. W  
SUITE 6, PMB # 134  
MIRIMAR BCH, FL 32550

**FEI Number:** 20-2123824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

LOPEZ, DANIEL  
11275 EMERALD COAST PKWY W.  
SUITE 6, PMB # 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:

02/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOPEZ, DANIEL  
Address: 11275 EMERALD COAST PKWY W, SUITE 6, # 134  
City-St-Zip: MIRAMAR BEACH, FL 32550

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: DANIEL LOPEZ

P

02/21/2011

Electronic Signature of Signing Officer or Director

Date