2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000023049

Entity Name: ANESTHETICA, INC.

FILED Jan 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5150 TAMIAMI TRAIL NORTH 3680 11TH AVENUE SW STE. 200 NAPLES, FL 34117

NAPLES, FL 34103

Current Mailing Address: New Mailing Address:

5150 TAMIAMI TRAIL NORTH 3680 11TH AVENUE SW NAPLES, FL 34117

STE. 200 NAPLES, FL 34103

FEI Number: 54-2143947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MEYERS, LISA M
5150 TAMIAMI TRAIL NORTH
STE. 200
NAPLES, FL 34103 US

MEYERS, LISA M
3680 11TH AVENUE SW
NAPLES, FL 34117 U

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: LISA M. MEYERS 01/20/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 MEYERS, LISA M
 Name:
 MEYERS, LISA M

 Address:
 5150 TAMIAMI TRAIL NORTH, STE. 200
 Address:
 3680 11TH AVENUE SW

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:
 NAPLES, FL 34117

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA M. MEYERS P 01/20/2006