

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024570

FILED
Feb 22, 2010
Secretary of State

Entity Name: DELAND ANESTHESIOLOGY GROUP, INC.

Current Principal Place of Business:

291 SOUTHHALL LANE
STE 201
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

291 SOUTHHALL LANE
STE 201
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 20-2428069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHICK, DAVID L
301 EAST PINE STREET
SUITE 1400
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: AXELROD, MAC M.D.
Address: 291 SOUTHHALL LANE
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: KING, JEFFERY G M.D.
Address: 291 SOUTHHALL LANE
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: JAGER, BRIAN M.D.
Address: 291 SOUTHHALL LN, STE 201
City-St-Zip: MAITLAND, FL 32751

Title: V
Name: SPALDING, HOWARD K M.D.
Address: 291 SOUTHHALL LANE
City-St-Zip: MAITLAND, FL 32751

Title: P
Name: DOBSON, II, CHRISTOPHER E M.D.
Address: 291 SOUTHHALL LN, STE 201
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: LOOKE, THOMAS D
Address: 291 SOUTHHALL LN, STE 201
City-St-Zip: MAITLAND, FL 32751

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: CHRISTOPHER DOBSON M.D.

PRES

02/22/2010

Electronic Signature of Signing Officer or Director

Date