


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90103 046 \*\*\*150.00

<b>DOCUMENT # P05000032004</b>					
<b>1. Entity Name</b> INTEGRITY ANESTHESIA INC.					
<b>Principal Place of Business</b> 4601 66TH ST. WEST 1502B BRADENTON, FL 34210			<b>Mailing Address</b> 4601 66TH ST. WEST 1502B BRADENTON, FL 34210		
<b>2. Principal Place of Business - No P.O. Box #</b> 4717 MAINSAIL DR.		<b>3. Mailing Address</b> SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Bradenton, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 34-2038798	
<b>Zip</b> 34208		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MCAFEE, GEOFFREY 4601 66TH ST. WEST 1502B BRADENTON, FL 34210			<b>7. Name and Address of New Registered Agent</b> Name: Geoffrey McAfee Street Address (P.O. Box Number is Not Acceptable): 4717 MAINSAIL DR. City: Bradenton FL Zip Code: 34208		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u>Geoffrey McAfee</u> DATE: <u>1/10/08</u> <small>(NOTE: Registered Agent signature required when reissuing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> MCAFEE, GEOFFREY 4601 66TH ST. WEST 1502B BRADENTON, FL 34210	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	4717 MAINSAIL DR. Bradenton, FL 34208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP</b> MCAFEE, VICTORIA 4601 66TH ST. WEST 1502B BRADENTON, FL 34210	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	4717 MAINSAIL DR. Bradenton, FL 34208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Geoffrey McAfee</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/10/08</u> Daytime Phone #: <u>(941) 896-6887</u>		