

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000038262

FILED
Mar 05, 2008
Secretary of State**Entity Name:** CENTRAL FLORIDA ANESTHESIA, INC.**Current Principal Place of Business:**10420 POINTVIEW CT
ORLANDO, FL 32836**New Principal Place of Business:****Current Mailing Address:**10420 POINTVIEW CT
ORLANDO, FL 32836**New Mailing Address:****FEI Number:** 83-0419708**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LYNCH, SHIRLEY K
10420 POINTVIEW CT
ORLANDO, FL 32836 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

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: LYNCH, SHIRLEY K
Address: 10420 POINTVIEW CT
City-St-Zip: ORLANDO, FL 32836**Title:** VP (X) Delete
Name: LYNCH, SCOTT R
Address: 10420 POINTVIEW CT
City-St-Zip: ORLANDO, FL 32836**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: SHIRLEY LYNCH

P

03/05/2008

Electronic Signature of Signing Officer or Director

Date