

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038262

FILED
Mar 30, 2011
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
Name: LYNCH, SHIRLEY K
Address: 10420 POINTVIEW CT
City-St-Zip: ORLANDO, FL 32836

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: SHIRLEY LYNCH

P

03/30/2011

Electronic Signature of Signing Officer or Director

Date