

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000061389

FILED
Jan 19, 2007
Secretary of State

Entity Name: CONTRACT ANESTHESIA SERVICES P.A.

Current Principal Place of Business:

4900 62ND AVENUE SOUTH
ST. PETERSBURG, FL 33715

New Principal Place of Business:

6698 29TH STREET SOUTH
ST. PETERSBURG, FL 33712

Current Mailing Address:

4900 62ND AVENUE SOUTH
ST. PETERSBURG, FL 33715

New Mailing Address:

6698 29TH STREET SOUTH
ST. PETERSBURG, FL 33712

FEI Number: 20-2795189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, VAN
641 49 ST N
ST. PETERSBURG, FL 33710 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: VAN D. BELL

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: BELL, VAN D PRES.
Address: 6698 29TH ST. S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: VP () Change (X) Addition
Name: BELL, VAN D VP
Address: 6698 29TH ST. S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: TRES () Change (X) Addition
Name: BELL, VAN D TRES
Address: 6698 29TH ST. S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: SEC () Change (X) Addition
Name: BELL, VAN D SEC
Address: 6698 29TH ST. S.
City-St-Zip: ST. PETERSBURG, FL 33712

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: VAN D. BELL

PRES

01/19/2007

Electronic Signature of Signing Officer or Director

Date