
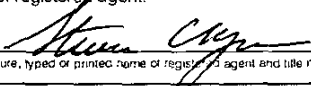
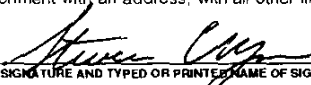


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90042 008 ***150.00

DOCUMENT # P05000062779			
1. Entity Name STEVEN MIMS, CRNA, INC.			
Principal Place of Business 28071 WINTHROP CIRCLE BONITA SPRINGS FL 34134		Mailing Address 28071 WINTHROP CIRCLE BONITA SPRINGS FL 34134	
2. Principal Place of Business - No P.O. Box # 9530 BLUE STONE CIR.		3. Mailing Address 9530 BLUE STONE CIR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Myers, FL.		City & State Fort Myers, FL.	
Zip 33913	Country LEE.	Zip 33913	Country LEE
6. Name and Address of Current Registered Agent MIMS, STEVEN 28071 WINTHROP CIRCLE BONITA SPRINGS FL 34134		7. Name and Address of New Registered Agent Name MIMS, STEVEN Street Address (P.O. Box Number is Not Acceptable) 9530 BLUE STONE CIR. City Fort Myers FL Zip Code 33913	
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. SIGNATURE  DATE 1/29/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MIMS, STEVEN 28071 WINTHROP CIRCLE BONITA SPRINGS FL 34134 9530 BLUE STONE CIR Fort Myers, FL 33913	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			
SIGNATURE:  STEVEN MIMS		Date 1/29/07 Daytime Phone # 239-770-8654	