

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075585

Entity Name: VIGILANCE ANESTHESIA INC

FILED  
Apr 11, 2007  
Secretary of State

## Current Principal Place of Business:

815 60TH ST NW  
BRADENTON, FL 32409

## New Principal Place of Business:

815 60TH ST NW  
BRADENTON, FL 34209

## Current Mailing Address:

815 60TH ST NW  
BRADENTON, FL 32409

## New Mailing Address:

815 60TH ST NW  
BRADENTON, FL 34209

FEI Number: 20-2805146

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLMES, ELIZABETH ANN  
815 60TH ST NW  
BRADENTON, FL 32409 US

## Name and Address of New Registered Agent:

HOLMES, ELIZABETH ANN  
815 60TH ST NW  
BRADENTON, FL 34209 US

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:

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HOLMES, ELIZABETH ANN  
Address: 815 60TH ST NW  
City-St-Zip: BRADENTON, FL 32409

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOLMES, ELIZABETH ANN  
Address: 815 60TH ST NW  
City-St-Zip: BRADENTON, FL 34209

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: ELIZABETH A. HOLMES

PRES

04/11/2007

Electronic Signature of Signing Officer or Director

Date