

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085266

FILED
Jan 08, 2012
Secretary of State

Entity Name: PAUL LEE ANESTHESIA, INC.

Current Principal Place of Business:

2816 N.E. 25TH STREET
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2816 N.E. 25TH STREET
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-3120618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, PAUL
2816 N.E. 25TH STREET
OCALA, FL 34470 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: LEE, PAUL CRNA
Address: 2816 N.E. 25TH STREET
City-St-Zip: Ocala, FL 34470

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: PAUL LEE

PRES

01/08/2012

Electronic Signature of Signing Officer or Director

Date