2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008
Secretary of State

DOCUMENT# P05000097920

Entity Name: NEWMAN ANESTHESIA INC

Current Principal Place of Business:

2841 BLUE SPRINGS PLACE
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

2841 BLUE SPRINGS PLACE
WESLEY CHAPEL, FL 33544

Current Mailing Address:

2841 BLUE SPRINGS PLACE
WESLEY CHAPEL, FL 33543

New Mailing Address:

2841 BLUE SPRINGS PLACE
WESLEY CHAPEL, FL 33544

FEI Number: 20-3175062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, HEATHER
2841 BLUE SPRINGS PLACE
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

NEWMAN, HEATHER
2841 BLUE SPRINGS PLACE
WESLEY CHAPEL, FL 33544 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: 04/04/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NEWMAN, HEATHER
Address: 2841 BLUE SPRINGS PLACE
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NEWMAN, HEATHER
Address: 2841 BLUE SPRINGS PLACE
City-St-Zip: WESLEY CHAPEL, FL 33544

I hereby certify that the information supplied with this filing does not qualify 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: HEATHER NEWMAN P 04/04/2008
Electronic Signature of Signing Officer or Director — Date