2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097920

Entity Name: NEWMAN ANESTHESIA INC

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2841 BLUE SPRINGS PLACE 9914 SAN DIEGO WAY WESLEY CHAPEL, FL 33544 PORT RICHEY, FL 34668

Current Mailing Address: New Mailing Address:

2841 BLUE SPRINGS PLACE 259 AUMOE RD WESLEY CHAPEL, FL 33544 KAILUA, HI 96734

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEWMAN, HEATHER

2841 BLUE SPRINGS PLACE
WESLEY CHAPEL, FL 33544 US

NEWMAN, HEATHER
9914 SAN DIEGO WAY
PORT RICHEY, FL 34668 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: 04/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 NEWMAN, HEATHER
 Name:
 NEWMAN, HEATHER

 Address:
 2841 BLUE SPRINGS PLACE
 Address:
 259 AUMOE RD

 City-St-Zip:
 WESLEY CHAPEL, FL 33544
 City-St-Zip:
 KAILUA, HI 96734

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 PRES 04/16/2009