

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000102537

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** GULFSTREAM ANESTHESIA SERVICE, INC.

**Current Principal Place of Business:**

1423 CYPRESS DRIVE  
STE 21  
JUPITER, FL 33469 US

**New Principal Place of Business:**

1516 CYPRESS DRIVE  
STE 1  
JUPITER, FL 33469 US

**Current Mailing Address:**

638 N US HIGHWAY 1  
STE 171  
JUPITER, FL 33469 US

**New Mailing Address:**

**FEI Number:** 34-2052323      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FRYE, AARON W MR.  
3434 INLET CT  
JUPITER, FL 33469 US

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

FRYE, AARON W MR.  
525 N CYPRESS DR  
TEQUESTA, FL 33469 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: AARON W FRYE

01/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FRYE, AARON W MR  
Address: 638 N US HIGHWAY 1, STE 171  
City-St-Zip: JUPITER, FL 33469 US

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: AARON W FRYE

PRES

01/25/2012

Electronic Signature of Signing Officer or Director

Date