

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110554

FILED
Mar 26, 2009
Secretary of State

Entity Name: ANESTHESIA HEALTH CARE PARTNERS OF FLORIDA, INC.

Current Principal Place of Business:

3079 PEACHTREE LND BLVD
DULUTH, GA 30097

New Principal Place of Business:

3079 PEACHTREE INDUSTRIAL BLVD
DULUTH, GA 30097

Current Mailing Address:

3079 PEACHTREE IND BLVD
DULUTH, GA 30097

New Mailing Address:

3079 PEACHTREE INDUSTRIAL BLVD
DULUTH, GA 30097

FEI Number: 20-3289620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: PATRICIA TADLOCK, ASST. SEC.

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OWN () Delete
Name: DOBSON, ANDRE L MD
Address: 3079 PEACHTREE LND BLVD
City-St-Zip: DULUTH, GA 30097

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWN (X) Change () Addition
Name: DOBSON, ANDRE L MD
Address: 3079 PEACHTREE INDUSTRIAL BLVD
City-St-Zip: DULUTH, GA 30097

Title: PS () Change (X) Addition
Name: WACHOWIAK, GREG
Address: 3079 PEACHTREE INDUSTRIAL BLVD
City-St-Zip: DULUTH, GA 30097

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: GREG WACHOWIAK

PS

03/26/2009

Electronic Signature of Signing Officer or Director

Date