

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000110554

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

3079 PEACHTREE INDUSTRIAL BLVD  
DULUTH, GA 30097

**New Principal Place of Business:**

**Current Mailing Address:**

3079 PEACHTREE INDUSTRIAL BLVD  
DULUTH, GA 30097

**New Mailing Address:**

**FEI Number:** 20-3289620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: OWN  
Name: DOBSON, ANDRE L MD  
Address: 3079 PEACHTREE INDUSTRIAL BLVD  
City-St-Zip: DULUTH, GA 30097

Title: PS  
Name: WACHOWIAK, GREG  
Address: 3079 PEACHTREE INDUSTRIAL BLVD  
City-St-Zip: DULUTH, GA 30097

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: GREG WACHOWIAK

PS

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date