

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125333

FILED  
Jan 24, 2009  
Secretary of State

Entity Name: MILLENIA ANESTHESIA ASSOCIATES, INC.

## Current Principal Place of Business:

1025 MELLATHON CIRCLE  
LEESBURG, FL 34748 US

## New Principal Place of Business:

132 ISLAND VIEW DRIVE  
INDIAN HARBOUR BEACH, FL 32937 US

## Current Mailing Address:

1025 MELLATHON CIRCLE  
LEESBURG, FL 34748 US

## New Mailing Address:

132 ISLAND VIEW DRIVE  
INDIAN HARBOUR BEACH, FL 32937 US

FEI Number: 20-3439747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILNE, DONALD W MD  
1025 MELLATHON CIRCLE  
LEESBURG, FL 34748 US

## Name and Address of New Registered Agent:

MILNE, DONALD W MD  
132 ISLAND VIEW DRIVE  
INDIAN HARBOUR BEACH, FL 32937 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: DONALD W MILNE

01/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: MILNE, DONALD W MD  
Address: 1025 MELLATHON CIR  
City-St-Zip: LEESBURG, FL 34748 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: MILNE, DONALD W MD  
Address: 132 ISLAND VIEW DRIVE  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

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: DONALD W MILNE

PSTD

01/24/2009

Electronic Signature of Signing Officer or Director

Date