


FILED  
May 21, 2007 8:00 am  
Secretary of State

04-30-2007 90457 002 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P06000000631			
1. Entity Name LANSING ANESTHESIA, INC.			
Principal Place of Business 91 SOUTH HIGHLAND AVE TARPON SPRINGS, FL 34689 US		Mailing Address 91 SOUTH HIGHLAND AVE TARPON SPRINGS, FL 34689 US	
2. Principal Place of Business - No P.O. Box # 8168 BOAT HOOK LOOP Suite, Apt. #, etc. 727		3. Mailing Address 8168 BOAT HOOK LOOP Suite, Apt. #, etc. 727	
City & State WINDERMERE, FL Zip 34786 Country USA		City & State WINDERMERE, FL Zip 34786 Country USA	
4. FEI Number 20-4052035		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MURRAY-LANSING, ROSE M 91 SOUTH HIGHLAND AVE TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8168 BOAT HOOK LOOP # 727 City WINDERMERE FL Zip Code 34786	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Rose Marie Murray-Lansing</u> DATE <u>4-23-07</u> <small>Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00. After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY-LANSING, ROSE M 91 SOUTH HIGHLAND AVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8168 BOAT HOOK LOOP # 727 WINDERMERE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u>Rose Marie Murray-Lansing</u> Date <u>5-19-07</u> Daytime Phone # <u>927-403 7541</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



ATTACHMENT

66615784

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2007

LANSING ANESTHESIA, INC.  
8168 BOAT HOOK LOOP  
727  
WINDERMERE, FL 34786 US

Subject: LANSING ANESTHESIA, INC.

Reference Number: **P06000000631**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/WK

ANNUAL REPORTS SECTION

*Thanks! So sorry... always in a hurry! I appreciate your help! Sincerely!*  
*Miss Loring*