

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000011165

FILED  
Mar 09, 2007  
Secretary of State

Entity Name: C R NOBACK ANESTHESIA & PAIN MANAGEMENT, INC

## Current Principal Place of Business:

3241 SW 34TH STREET  
OCALA, FL 34474

## New Principal Place of Business:

301 CAMINO GARDENS BLVD.  
SUITE 201  
BOCA RATON, FL 33432

## Current Mailing Address:

3241 SW 34TH STREET  
OCALA, FL 34474

## New Mailing Address:

520 NW 39TH CIRCLE  
BOCA RATON, FL 33431

FEI Number: 20-4155173

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOBACK, LINDA  
5597 SW 89TH PLACE  
OCALA, FL 34476 US

## Name and Address of New Registered Agent:

NOBACK, CARL R  
520 NW 39TH CIRCLE  
BOCA RATON, FL 33431 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: CARL R. NOBACK

03/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NOBACK, CARL R  
Address: 5597 SW 89TH PLACE  
City-St-Zip: OCALA, FL 34476 US

Title: VP ( ) Delete  
Name: NOBACK, CARL R  
Address: 5597 SW 89TH PLACE  
City-St-Zip: OCALA, FL 34476

Title: T ( ) Delete  
Name: NOBACK, CARL R  
Address: 5597 SW 89TH PLACE  
City-St-Zip: OCALA, FL 34474

Title: S ( ) Delete  
Name: NOBACK, CARL R  
Address: 5597 SW 89TH PLACE  
City-St-Zip: OCALA, FL 34476

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NOBACK, CARL R  
Address: 520 NW 39TH CIRCLE  
City-St-Zip: BOCA RATON, FL 33431 US

Title: VP (X) Change ( ) Addition  
Name: NOBACK, CARL R  
Address: 520 NW 39TH CIRCLE  
City-St-Zip: BOCA RATON, FL 33431

Title: T (X) Change ( ) Addition  
Name: NOBACK, CARL R  
Address: 520 NW 39TH CIRCLE  
City-St-Zip: BOCA RATON, FL 33431

Title: S (X) Change ( ) Addition  
Name: NOBACK, CARL R  
Address: 520 NW 39TH CIRCLE  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL R. NOBACK

P

03/09/2007

Electronic Signature of Signing Officer or Director

Date