

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000066941

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL ANESTHESIA CARE INC

**Current Principal Place of Business:**

14119 LINCOLNSHIRE CT  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

14119 LINCOLNSHIRE CT  
TAMPA, FL 33626

**New Mailing Address:**

**FEI Number:** 20-4851333

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURGOS, GILBERTO  
14119 LINCOLNSHIRE CT  
TAMPA, FL 33626 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: P  
Name: BURGOS, GILBERTO  
Address: 14119 LINCOLNSHIRE CT  
City-St-Zip: TAMPA, FL 33626

Title: VP  
Name: BURGOS, IRIS G  
Address: 14119 LINCOLNSHIRE CT  
City-St-Zip: TAMPA, FL 33626

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: GILBERTO BURGOS

PRES

04/23/2011

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

\_\_\_\_\_  
Date