

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000071892

FILED
Mar 28, 2009
Secretary of State

Entity Name: TOTAL ANESTHESIA CARE INC

Current Principal Place of Business:

6053 SABAL CREEK BLVD
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

6053 SABAL CREEK BLVD
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 20-4913123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGUIDICE, JOE
1515 RIDGEWOOD AVE., STE. A
HOLLY HILL, FL 32117 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONNOR, LEVINA
Address: 6053 SABAL CREEK BLVD
City-St-Zip: PORT ORANGE, FL 32128

Title: P () Delete
Name: MOYER, TERRY
Address: 6053 SABAL CREEK BLVD
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LEVINA CONNOR

D

03/28/2009

Electronic Signature of Signing Officer or Director

_____ Date