

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000071892

**FILED**  
**Mar 26, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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

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: LEVINA CONNOR

D

03/26/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date