

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000071892

FILED
Mar 24, 2012
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

03/24/2012

Electronic Signature of Signing Officer or Director

_____ Date