

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000088544

FILED
Jan 06, 2011
Secretary of State

Entity Name: HALIFAX ANESTHESIOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

311 W CLYDE MORRIS BLVD, #350
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

311 W CLYDE MORRIS BLVD, #350
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 20-5141183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, DERRICK
311 NORTH CLYDE MORRIS
#350
DAYTONA BEACH, FL 32114 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: LEV, DAVE, MD
Address: 311 N. CLYDE MORRIS #350
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP
Name: PAYNE, DERRICK
Address: 311 N. CLYDE MORRIS #350
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP
Name: LIPTON, RICHARD
Address: 311 N. CLYDE MORRIS #350
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP
Name: FOX, DAVID
Address: 311 N. CLYDE MORRIS #350
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP
Name: RACHMAN, NATHAN
Address: 311 N. CLYDE MORRIS #350
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP
Name: HOLLOWAY, DANIELA
Address: 311 N. CLYDE MORRIS #350
City-St-Zip: DAYTONA BEACH, FL 32114

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: DERRICK PAYNE

VP

01/06/2011

Electronic Signature of Signing Officer or Director

Date