

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000101285

**FILED**  
**Aug 26, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA ANESTHESIA CONSULTANTS, P.A.

**Current Principal Place of Business:**

C/O JEFFREY ZANE, 4100 RCA BLVD  
SUITE 110  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ARCHILLA 10925 WOODCHASE CIRCLE  
SUITE 2  
ORLANDO, FL 32836

**New Mailing Address:**

**FEI Number:** 20-5972252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZANE, JEFFREY P  
4800 RIVERSIDE DRIVE  
SUITE 101  
PALM BEACH GARDENS, FL 33410 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: ARCHILLA, CARLOS A M.D.  
Address: 10925 WOODCHASE CIRCLE  
City-St-Zip: ORLANDO, FL 32836

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: CARLOS A. ARCHILLA

CFO

08/26/2010

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

\_\_\_\_\_  
Date