2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000104076

1. Entity Name
EAST ANESTHESIA CORP

Principal Place of Business	Mailing Address
651 EAST 25TH STREET	651 EAST 25TH STREET
HIALEAH, FL 33013 US	HIALEAH, FL 33013 US

DO NOT WRITE IN THIS SPACE

01222008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-5357525	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELIAS, MAGDA
651 EAST 25TH STREET
HIALEAH, FL 33013

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MENDOZA, OSCAR MD
STREET ADDRESS	651 EAST 25TH STREET
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	VP
NAME	DUYOS, LORELEY MD
STREET ADDRESS	651 EAST 25TH STREET
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	D
NAME	DUYOS, OSCAR
STREET ADDRESS	651 EAST 25TH STREET
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMENDOZA, MD 1/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #