

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000150813

Entity Name: MSM ANESTHESIA, INC.

FILED  
Jan 20, 2012  
Secretary of State

**Current Principal Place of Business:**

11944 ROYCE WATERFORD CIRCLE  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

11944 ROYCE WATERFORD CIRCLE  
TAMPA, FL 33626

**New Mailing Address:**

FEI Number: 20-5929759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MELDA, MARCIA  
11944 ROYCE WATERFORD CIRCLE  
TAMPA, FL 33626 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: MELDA, MARCIA  
Address: 11944 ROYCE WATERFORD CIRCLE  
City-St-Zip: TAMPA, FL 33626

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: GREGORY J. SPADEA

ATTY

01/20/2012

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

\_\_\_\_\_ Date