

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000152479

FILED
Jul 31, 2007
Secretary of State

Entity Name: CLINICAL ANESTHESIA CONSULTANTS, PA

Current Principal Place of Business:

3787 PALM VALLEY ROAD
SUITE 102-123
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

3787 PALM VALLEY ROAD
SUITE 102-123
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

643 S PRESERVE VIEW
PONTE VEDRA, FL 32081

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOTRICA, MARC A MD
3787 PALM VALLEY ROAD
SUITE 102-123
PONTE VEDRA BEACH, FL 32082 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOTRICA, MARC A MD
Address: 3787 PALM VALLEY ROAD, SUITE 102-123
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP () Delete
Name: NOTRICA, MARY L
Address: 643 SOUTH PRESERVE VIEW
City-St-Zip: PONTE VEDRA, FL 32081

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARC NOTRICA MD

P

07/31/2007

Electronic Signature of Signing Officer or Director

_____ Date