

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000152479

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: CLINICAL ANESTHESIA CONSULTANTS, PA

## Current Principal Place of Business:

1361 13TH AVE SOUTH  
SUITE 245  
JACKSONVILLE BEACH, FL 32250

## New Principal Place of Business:

643 S PRESERVE VIEW  
PONTE VEDRA, FL 32081

## Current Mailing Address:

643 S PRESERVE VIEW  
PONTE VEDRA, FL 32081

## New Mailing Address:

FEI Number: 20-8073074      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:

NOTRICA, MARC A MD  
643 S PRESERVE VIEW  
PONTE VEDRA, FL 32081 US

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: MARC A NOTRICA MD

04/20/2009

Electronic Signature of Registered Agent

Date

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: P (X) Change ( ) Addition  
Name: NOTRICA, MARC A MD  
Address: 643 S PRESERVE VIEW  
City-St-Zip: PONTE VEDRA, FL 32081

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 A NOTRICA MD

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date