

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