

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90032 002 ***150.00

DOCUMENT # P07000066379	
1. Entity Name CLINICAL ANESTHESIA PROVIDERS P.A.	



Principal Place of Business 5630 FISHERMAN DRIVE BRADENTON, FL 34209 US 34209	Mailing Address 5630 FISHERMAN DRIVE BRADENTON, FL 34209 US 34209
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01172008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0319467	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIAZ MORALES, JULIO D S.R 5630 FISHERMAN DRIVE BRADENTON, FL 34209 4	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ MORALES, JULIO D SR 8233 SW 107 AVE APT A MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ MORALES JULIO D SR 5630 FISHERMAN DRIVE BRADENTON FL 34209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information empowered.

SIGNATURE:	DATE: 01/17/08	Daytime Phone #
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