

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066379

FILED
Jan 20, 2009
Secretary of State

Entity Name: CLINICAL ANESTHESIA PROVIDERS P.A.

Current Principal Place of Business:

5630 FISHERMAN DRIVE
BRADENTON, FL 34209 US

New Principal Place of Business:

6570 ANCHOR LOOP
305
BRADENTON, FL 34212 US

Current Mailing Address:

5630 FISHERMAN DRIVE
BRADENTON, FL 34209 US

New Mailing Address:

6570 ANCHOR LOOP
305
BRADENTON, FL 34212 US

FEI Number: 26-0319462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ MORALES, JULIO D S.R
5630 FISHERMAN DRIVE
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

DIAZ MORALES, JULIO D S.R
6570 ANCHOR LOOP
305
BRADENTON, FL 34212 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:

01/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIAZ MORALES, JULIO D SR
Address: 5630 FISHERMAN DR
City-St-Zip: BRADENTON, FL 34209 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIAZ MORALES, JULIO D SR
Address: 6570 ANCHOR LOOP 305
City-St-Zip: BRADENTON, FL 34212 US

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: JULIO D DIAZ MORALES

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date