

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90025 030 \*\*\*150.00

<b>DOCUMENT #</b> <i>P07000076303</i>	<input checked="" type="checkbox"/>
<b>1. Entity Name</b> DREAM CATCHERS ANESTHESIA SERVICES CRNA PA	

**DO NOT WRITE IN THIS SPACE**

**40058071**

<b>2. Principal Place of Business</b> 6009 Toulouse Drive Suite, Apt. #, etc.		<b>3. Mailing Address</b> same Suite, Apt. #, etc.	
City & State PENSACOLA, FL		City & State	
Zip 32505	Country	Zip	Country

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 26-0464143		<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name Spiegel & Utrere, PA	
Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22nd Street	
City Miami	State <b>FL</b>
Zip Code 33145	

**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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$81.25**

**Make Check Payable to: Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lakisha Fleming 6009 Toulouse Drive Pensacola, FL 32505	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Lakisha M Fleming*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/30/08* *850-712-4517*

Date Daytime Phone #