2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000089359

FILED Apr 11, 2008 8:00 am Secretary of State

04-11-2008 90035 012 ***150.00

A	I. Entity Name V M ANESTHESIA SERVICES, INC.								4004			
Suite, Apt. 4, etc.	10402 139TH WAY				0402 139TH WAY	••••				48/8) (81)	E NIEL BALL 199	118 9 1 /2 J a P2
Chy & State	2. Principal F	Place of Busin	ness - No P.O. Box #	3.	3. Mailing Address			-				
Zip	Suite, Apt.	. #, etc.			Suite, Apt. #, etc.		03172008	Chg-P	CR2E03	4 (12/06)		
S. Certificate of Status Desired Security	City & State				City & State		4. FEI Numb	er 26-057921	ন	1		
Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip							ļ. <u>.</u>		<u> Г</u>	e Require	
MARTIN, ALINAV 10402 139TH WAY LARGO, FL 33774 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE City FL 2:p Code		6. Name	and Address of Curr	ent Regis	tered Agent		<u> </u>	7. Name and	Address of New Re	gistered A	jent	
EARGO, FL 33774 City FL Zip Code								IO O Day Novemb	a- ia Nat Assaulable			
B. 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NITE NAME NAME SIRET ADDRESS CITY-S1-2P TITLE NAME SIRET ADDRESS CITY-S1-2P Delate TITLE NAME SIRET ADDRESS CITY-S1-2P Delate TITLE NAME SIRET ADDRESS CITY-S1-2P Delate TITLE NAME SIRET ADDRESS CITY-S1-2P TITLE NAME SIRET ADDRESS CITY-S1-2P Delate TITLE NAME SIRET ADDRESS CITY-S1-2P TITLE NAME SIRET ADDRESS CITY-S1-2P							Sileer Address (r.o. box numb	er is Not Acceptable			
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### After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees	SIGNATURE.		or printed name of registered a	igent and title	if applicable. (NOT	E: Registere	d Agent signatura required	d when reinstating)		DATE		
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12. I hereby certify that the information supplied with this filling 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 like empowered.

SIGNATURE: ALIMA CCCCIC VAICA HIS PILA CY 107 108 X727) 648-0773