

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90034 014 ***150.00

DOCUMENT # P07000106168

1. Entity Name

MOUNTAIN SPRINGS ANESTHESIA INC



Principal Place of Business

4630
12790 MCINTOSH RD
DOVER FL 33527

Mailing Address

PO BOX 360
SEFFNER FL 33584 **33583**



2. Principal Place of Business - No P.O. Box #

4630 McIntosh Road

3. Mailing Address

P.O. BOX 360

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seffner Dover, FL

City & State

Seffner, FL

Zip

33527

Country

USA

Zip

33583

Country

USA

4. FEI Number **SEIN#**
26-1139346

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, RHONDA
12790 MCINTOSH RD
DOVER FL 33527

7. Name and Address of New Registered Agent

Name
Rhonda Johnson

Street Address (P.O. Box Number is Not Acceptable)

4630 McIntosh Rd

City

Dover

FL

Zip Code

33527

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

Rhonda Johnson Rhonda Johnson

Signature, typed or printed name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when completing)

01-28-08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

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

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	JOHNSON, RHONDA	
STREET ADDRESS	PO BOX 360	
CITY-ST-ZIP	SEFFNER FL 33584	33583
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Rhonda Johnson Rhonda Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-08

813-727-5260

Date

Daytime Phone #