

## **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000111985

Entity Name: MICHELLE SITEK, CRNA, PA

**FILED**  
**Sep 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

60 FAIRWAY LANE  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

6620 SW 41 STREET  
MIAMI, FL 33155

**Current Mailing Address:**

60 FAIRWAY LANE  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

6620 SW 41 STREET  
MIAMI, FL 33155

FEI Number: 26-1221537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLOYD, MICHELLE  
60 FAIRWAY LANE  
ROYAL PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

PALM BEACH ANESTHESIA  
6620 SW 41 STREET  
MIAMI, FL 33155 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: PALM BEACH ANESTHESIA

09/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: OD  
Name: PALM BEACH ANESTHESIA  
Address: 6620 SW 41 STREET  
City-St-Zip: MIAMI, FL 33155

I hereby 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 all other like empowered.

SIGNATURE: PALM BEACH ANESTHESIA

OD

09/30/2010

Electronic Signature of Signing Officer or Director

Date