

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000118987

FILED
Mar 02, 2008
Secretary of State

Entity Name: STRAIT ANESTHESIA ASSOCIATES, P.A.

Current Principal Place of Business:

706 MEADOW WOODS LN
NICEVILLE, FL 32578 US

New Principal Place of Business:

106 MEADOW WOODS LN
NICEVILLE, FL 32578 US

Current Mailing Address:

706 MEADOW WOODS LN
NICEVILLE, FL 32578 US

New Mailing Address:

106 MEADOW WOODS LN
NICEVILLE, FL 32578 US

FEI Number: 26-1436486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

STRAIT, DONNA T
106 MEADOW WOODS LANE
NICEVILLE, FL 32578 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: DONNA T. STRAIT

03/02/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STRAIT, SEAN A
Address: 706 MEADOW WOODS LN
City-St-Zip: NICEVILLE, FL 32578 US

Title: D () Delete
Name: STRAIT, DONNA T
Address: 706 MEADOW WOODS LN
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STRAIT, DONNA T
Address: 106 MEADOW WOODS LN
City-St-Zip: NICEVILLE, FL 32578 US

Title: D (X) Change () Addition
Name: STRAIT, SEAN A
Address: 106 MEADOW WOODS LN
City-St-Zip: NICEVILLE, FL 32578 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: DONNA T. STRAIT

PRES

03/02/2008

Electronic Signature of Signing Officer or Director

Date