

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000118987

FILED
Jan 21, 2009
Secretary of State

Entity Name: STRAIT ANESTHESIA ASSOCIATES, P.A.

Current Principal Place of Business:

106 MEADOW WOODS LN
NICEVILLE, FL 32578 US

New Principal Place of Business:

584 RADIANT CIRCLE
MARY ESTHER, FL 32569 US

Current Mailing Address:

106 MEADOW WOODS LN
NICEVILLE, FL 32578 US

New Mailing Address:

584 RADIANT CIRCLE
MARY ESTHER, FL 32569 US

FEI Number: 26-1436486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAIT, DONNA T
106 MEADOW WOODS LANE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

STRAIT, DONNA T
584 RADIANT CIRCLE
MARY ESTHER, FL 32569 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

01/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: STRAIT, SEAN A
Address: 106 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: 584 RADIANT CIRCLE
City-St-Zip: MARY ESTHER, FL 32569 US

Title: D (X) Change () Addition
Name: STRAIT, SEAN A
Address: 584 RADIANT CIRCLE
City-St-Zip: MARY ESTHER, FL 32569 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

01/21/2009

Electronic Signature of Signing Officer or Director

Date