2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2010
Secretary of State

DOCUMENT# P07000122518

Entity Name: CARE ANESTHESIA, INC.

Current Principal Place of Business:

4907 SW 195TH TERRACE
MIRAMAR, FL 33029 US

New Principal Place of Business:

13843 NW 15TH ST.
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

4907 SW 195TH TERRACE
MIRAMAR, FL 33029 US

New Mailing Address:

13843 NW 15TH ST.
PEMBROKE PINES, FL 33028 US

FEI Number: 75-3260584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNELL, LAURIE K
4907 SW 195TH TERRACE
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

CONNELL, LAURIE K PRES.
13843 NW 15TH ST.
PEMBROKE PINES, FL 33028 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: LAURIE CONNELL 01/12/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: CONNELL, LAURIE K PRES.
Address: 13843 NW 15TH ST.
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: S
Name: CONNELL, RUSS S SEC.
Address: 13843 NW 15TH ST.
City-St-Zip: PEMBROKE PINES, FL 33028

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: RUSSELL S. CONNELL S 01/12/2010
Electronic Signature of Signing Officer or Director Date