

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129984

FILED
Feb 19, 2008
Secretary of State

Entity Name: PLEASANT DREAMS ANESTHESIA SERVICES, P.A.

Current Principal Place of Business:

8285 KEY ROYAL CIRCLE #1213
NAPLES, FL 34119

New Principal Place of Business:

201 QUAIL FOREST BLVD.
UNIT 309
NAPLES, FL 34105

Current Mailing Address:

8285 KEY ROYAL CIRCLE #1213
NAPLES, FL 34119

New Mailing Address:

201 QUAIL FOREST BLVD.
UNIT 309
NAPLES, FL 34105

FEI Number: 26-1537571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DURAND, STEPHEN
Address: 8285 KEY ROYAL CIRCLE #1213
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DURAND, STEPHEN
Address: 201 QUAIL FOREST BLVD. #309
City-St-Zip: NAPLES, FL 34105

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: STEPHEN E. DURAND

PD

02/19/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date