

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129984

FILED  
Mar 08, 2009  
Secretary of State

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

## Current Principal Place of Business:

201 QUAIL FOREST BLVD.  
UNIT 309  
NAPLES, FL 34105

## New Principal Place of Business:

8285 KEY ROYAL CIRCLE  
UNIT 1213  
NAPLES, FL 34119

## Current Mailing Address:

201 QUAIL FOREST BLVD.  
UNIT 309  
NAPLES, FL 34105

## New Mailing Address:

8285 KEY ROYAL CIRCLE  
UNIT 1213  
NAPLES, FL 34119

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: 201 QUAIL FOREST BLVD. #309  
City-St-Zip: NAPLES, FL 34105

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC. ( ) Change (X) Addition  
Name: DURAND, ELIZABETH  
Address: 8285 KEY ROYAL CIRCLE UNIT # 1213  
City-St-Zip: NAPLES, FL 34119

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

03/08/2009

Electronic Signature of Signing Officer or Director

Date