2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2012
Secretary of State

DOCUMENT# P08000015029

Entity Name: DONNA STAPLETON CRNA ANESTHESIA P.A.

Current Principal Place of Business:

121 HAWKCREST CT.
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

121 HAWKCREST CT.
DEBARY, FL 32713 US

New Mailing Address:

FEI Number: 26-1974406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 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

OFFICERS AND DIRECTORS:

Title: P
Name: STAPLETON, DONNA
Address: 121 HAWKCREST CT.
City-St-Zip: DEBARY, FL 32713 US

Title: T
Name: STAPLETON, DONNA
Address: 121 HAWKCREST CT.
City-St-Zip: DEBARY, FL 32713 US

Title: S
Name: STAPLETON, DONNA
Address: 121 HAWKCREST CT.
City-St-Zip: DEBARY, FL 32713 US

Title: D
Name: STAPLETON, DONNA
Address: 121 HAWKCREST CT.
City-St-Zip: DEBARY, FL 32713 US

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: DONNA STAPLETON MGR 03/23/2012

Electronic Signature of Signing Officer or Director — Date