2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P08000020309

Entity Name: ANESTHESIOLOGY ELITE RISK PURCHASING GROUP, INC.

Current Principal Place of Business:

498 S. LAKE DESTINY RD.
ORLANDO, FL 32810

New Principal Place of Business:

189 S. ORANGE AVE
1170 SOUTH TOWER
ORLANDO, FL 32801

Current Mailing Address:

498 S. LAKE DESTINY RD.
ORLANDO, FL 32810

New Mailing Address:

PO BOX 3113
ORLANDO, FL 32802

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZ, JONATHAN
498 S. LAKE DESTINY RD.
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

KATZ, JONATHAN
189 S. ORANGE AVE
1170 SOUTH TOWER
ORLANDO, FL 32801 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: AUDREY WHITTLE 04/22/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KATZ, JONATHAN
Address: 498 S. LAKE DESTINY RD.
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KATZ, JONATHAN
Address: 189 S. ORANGE AVE, 1170 SOUTH TOWER
City-St-Zip: ORLANDO, FL 32801

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: AUDREY WHITTLE D 04/22/2009
Electronic Signature of Signing Officer or Director Date