

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041591

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: CANOPY ROADS NURSE ANESTHESIA, P.A.

## Current Principal Place of Business:

2737 ARENDELL WAY  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

## Current Mailing Address:

2737 ARENDELL WAY  
TALLAHASSEE, FL 32308

## New Mailing Address:

FEI Number: 59-3186310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIJUT, PATTI  
2737 ARENDELL WAY  
TALLAHASSEE, FL 32308 US

## Name and Address of New Registered Agent:

PIJUT, PATTI D  
2737 ARENDELL WAY  
TALLAHASSEE, FL 32308 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: PATTI D. PIJUT

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete  
Name: PIJUT, PATTI  
Address: 2737 ARENDELL WAY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP/T ( ) Delete  
Name: PIJUT, PATTI  
Address: 2737 ARENDELL WAY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete  
Name: PIJUT, PATTI  
Address: 2737 ARENDELL WAY  
City-St-Zip: TALLAHASSEE, FL 32308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PATTI D. PIJUT

D/P

04/29/2009

Electronic Signature of Signing Officer or Director

Date