

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041591

FILED
Feb 13, 2012
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:

293 WILLIE ROAD
MONTICELLO, FL 32344 US

Current Mailing Address:

2737 ARENDELL WAY
TALLAHASSEE, FL 32308

New Mailing Address:

293 WILLIE ROAD
MONTICELLO, FL 32344 US

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 D
2737 ARENDELL WAY
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

PIJUT, PATTI D
293 WILLIE ROAD
MONTICELLO, FL 32344 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:

02/13/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P
Name: PIJUT, PATTI D
Address: 293 WILLIE ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: VP/T
Name: PIJUT, PATTI
Address: 293 WILLIE ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: S
Name: PIJUT, PATTI
Address: 293 WILLIE ROAD
City-St-Zip: MONTICELLO, FL 32344

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: PATTI D PIJUT

PRES

02/13/2012

Electronic Signature of Signing Officer or Director

Date