

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000047272

FILED
Jan 19, 2009
Secretary of State

Entity Name: ADVANTAGE ANESTHESIOLOGY, PA

Current Principal Place of Business:

1303 BAYSHORE BOULEVARD
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

1303 BAYSHORE BOULEVARD
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 26-2592616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARLOTTA, DAVID
1303 BAYSHORE BOULEVARD
TAMPA, FL 33606 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: D () Delete
Name: VARLOTTA, DAVID
Address: 1303 BAYSHORE BOULEVARD
City-St-Zip: TAMPA, FL 33606 US

Title: D () Delete
Name: WEISSMAN, STEVEN
Address: 155 BALTIC CIRCLE
City-St-Zip: TAMPA, FL 33606 US

Title: D () Delete
Name: BECKENSTEIN, CHARLES
Address: 713 SOUTH DELAWARE STREET
City-St-Zip: TAMPA, FL 33606 US

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: DAVID VARLOTTA

MGR

01/19/2009

Electronic Signature of Signing Officer or Director

Date