

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000053962

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: JAX ANESTHESIA P.A.

## Current Principal Place of Business:

10475 CENTURION PKWY. N.  
JACKSONVILLE, FL 32256 US

## New Principal Place of Business:

10475 CENTURION PKWY. N.  
SUITE 101  
JACKSONVILLE, FL 32256 US

## Current Mailing Address:

10475 CENTURION PKWY. N.  
JACKSONVILLE, FL 32256 US

## New Mailing Address:

10475 CENTURION PKWY. N.  
SUI9TE 101  
JACKSONVILLE, FL 32256 US

FEI Number: 26-2392189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REIMAN, JAMES  
7252 SAN PEDRO RD.  
JACKSONVILLE, FL 32217 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: PRES ( ) Delete  
Name: REIMAN, JAMES  
Address: 10475 CENTURION PKWY. N.  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: TRES ( ) Delete  
Name: REIMAN, JAMES  
Address: 10475 CENTURION PKWY. N.  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: SEC ( ) Delete  
Name: REIMAN, JAMES  
Address: 10475 CENTURION PKWY. N.  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DIR ( ) Delete  
Name: REIMAN, JAMES  
Address: 10475 CENTURION PKWY. N.  
City-St-Zip: JACKSONVILLE, FL 32256 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:

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: JAMES REIMAN

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date