

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000053962

FILED
Apr 20, 2011
Secretary of State

Entity Name: JAX ANESTHESIA P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

7252 SAN PEDRO ROAD
JACKSONVILLE, FL 32217 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: REIMAN, JAMES
Address: 7252 SAN PEDRO ROAD
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: TRES
Name: REIMAN, JAMES
Address: 7252 SAN PEDRO ROAD
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: SEC
Name: REIMAN, JAMES
Address: 7252 SAN PEDRO ROAD
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: DIR
Name: REIMAN, JAMES
Address: 7252 SAN PEDRO ROAD
City-St-Zip: JACKSONVILLE, FL 32217 US

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: JAMES REIMAN

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date