

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059447

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** ANESTHESIA SOLUTIONS OF DAYTONA, INC.

**Current Principal Place of Business:**

205 MONTGOMERY AVE  
BLDG 1  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

6094 - 14TH STREET WEST  
#133  
BRADENTON, FL 34207

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERGUSON, CLAYTON J  
6094 - 14TH STREET WEST  
#133  
BRADENTON, FL 34207 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MBR ( ) Change (X) Addition  
Name: THARPE, KELLI D  
Address: 1030 CONTENTO STREET  
City-St-Zip: SARASOTA, FL 34242

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: KELLI D. THARPE

MBR

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date