2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2011
Secretary of State

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Entity Name: TATIANA ANESTHESIA SERVICES, P.A.

Current Principal Place of Business:

401 E. ROBINSON STREET
403
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

401 E. ROBINSON STREET
403
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 27-0723090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCUEN, TATIANA
401 E. ROBINSON STREET
403
ORLANDO, FL 32801 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: PST
Name: MCCUEN, TATIANA
Address: 401 E ROBINSON ST. #403
City-St-Zip: ORLANDO, FL 32801 US

Title: VP
Name: REYES AKININ, RAFAEL
Address: 205 TUSCARORA RD.
City-St-Zip: WHISPERING PINES, NC 28327 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: TATIANA MCCUEN PST 04/17/2011

Electronic Signature of Signing Officer or Director Date