## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P09000026603

Entity Name: ALL ABOUT ANESTHESIA, INC.

FILED May 02, 2011 Secretary of State

| Current Principal Place of Business:                    |                                 | New Principal Place of Business:   |   |  |
|---|---------------------------------|------------------------------------|---|--|
| 14949 SW 143 PL<br>MIAMI, FL 33186                      |                                 |                                    |   |  |
| Current Mailing Address:                                |                                 | New Mailing Address:               |   |  |
| 14949 SW 143 PL<br>MIAMI, FL 33186                      |                                 |                                    |   |  |
| FEI Number: 26-4551599                                  | FEI Number Applied For ( )      | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent:           |                                 | Name and Address of                | Name and Address of New Registered Agent: |  |
| WEIR, MERCEDES<br>14949 SW 143 PL<br>MIAMI, FL 33186 US |                                 |                                    |   |  |
| The above named entity s<br>in the State of Florida.    | ubmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both,    |  |
| SIGNATURE:  |                                 |                                    |   |  |
| Electron  | c Signature of Registered Age   | ent                                | Date                                      |  |
|   |                                 |                                    |   |  |

## **OFFICERS AND DIRECTORS:**

Title:

 Name:
 WEIR, MERCEDES

 Address:
 14949 SW 143 PL

 City-St-Zip:
 MIAMI, FL 33186

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: MERCEDES WEIR MS 05/02/2011