2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# P09000032596

Entity Name: ALTAMONTE ANESTHESIA, INC.

Current Principal Place of Business:

160 BOSTON AVENUE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

160 BOSTON AVENUE
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 26-4627616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAPPAS, HARRY R V.P.
160 BOSTON AVENUE
ALTAMONTE SPRINGS, FL 32701 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: P
Name: FLORIDA EYE CLINIC AMBULATORY SURGICAL CEN
Address: 160 BOSTON AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 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: FLORIDA EYE CLINIC AMBULATORY SURG. CENTER P 04/28/2011

Electronic Signature of Signing Officer or Director Date