2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2011
Secretary of State

DOCUMENT# P09000037231

Entity Name: TWILIGHT ANESTHESIA SERVICES INC

Current Principal Place of Business:

2248 ELCID CT
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

2248 ELCID CT
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 26-4761661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, MARK
2248 ELCID CT
PALM HARBOR, FL 34683 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: PS
Name: NELSON, MARK
Address: 2248 ELCID CT
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VPT
Name: WEIN, ROBERT E
Address: 11802 MIDDLEBURY DR
City-St-Zip: TAMPA, FL 33626-252 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: MARK NELSON PS 04/12/2011

Electronic Signature of Signing Officer or Director Date