

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000037231

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**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

04/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date