

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000040024

Entity Name: OHA ANESTHESIA INC.

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

905 MARBLE DRIVE  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

905 MARBLE DRIVE  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 26-4837961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OHA, CHRISTINE  
905 MARBLE DRIVE  
NAPLES, FL 34104 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: PSTD  
Name: OHA, CHRISTINE  
Address: 905 MARBLE DRIVE  
City-St-Zip: NAPLES, FL 34104

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: CHRISTINE OHA

PRES

01/14/2011

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

\_\_\_\_\_  
Date