

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000065655

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** REBECCA LEE ANESTHESIA, P.A.

**Current Principal Place of Business:**

373 MAGNOLIA PLACE  
DEBARY, FL 32713 US

**New Principal Place of Business:**

**Current Mailing Address:**

373 MAGNOLIA PLACE  
DEBARY, FL 32713 US

**New Mailing Address:**

**FEI Number:** 27-0676667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINDA J NEUMAN, CPA, P.A.  
1180 SPRING CENTRE BLVD. S.  
SUITE 370  
ALTAMONTE SPRINGS, FL 32714 US

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

NEUMAN & COMPANY, P.A.  
280 WEKIVA SPRINGS RD.  
SUITE 3030  
LONGWOOD, FL 32779 US

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:** LINDA J NEUMAN, CPA

03/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** LEE, REBECCA  
**Address:** 373 MAGNOLIA PLACE  
**City-St-Zip:** DEBARY, FL 32713 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:** REBECCA LEE

PST

03/09/2011

Electronic Signature of Signing Officer or Director

Date