

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000071682

Entity Name: ALN ANESTHESIA, PA

FILED
Jan 12, 2011
Secretary of State

Current Principal Place of Business:

3439 PINE RIDGE RD
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

3439 PINE RIDGE RD
NAPLES, FL 34109

New Mailing Address:

FEI Number: 27-0803014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORTHY, PRATHIMA
3439 PINE RIDGE RD
NAPLES, FL 34109 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: MOORTHY, PRATHIMA
Address: 3439 PINE RIDGE RD
City-St-Zip: NAPLES, FL 34109

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: PRATHIMA MOORTHY

P

01/12/2011

Electronic Signature of Signing Officer or Director

Date