

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000071976

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** ANESTHESIOLOGIST SERVICES BY KENNEDY, INC.

**Current Principal Place of Business:**

1139 SUNSET LANE  
GULF BREEZE, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

1139 SUNSET LANE  
GULF BREEZE, FL 33563

**New Mailing Address:**

FEI Number: 27-0670224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KENNEDY, KENNETH  
1139 SUNSET LANE  
GULF BREEZE, FL 33563 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PV  
Name: KENNEDY, KENNETH  
Address: 1139 SUNSET LANE  
City-St-Zip: GULF BREEZE, FL 33563

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: KENNETH KENNEDY

PRES

03/31/2010

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

\_\_\_\_\_ Date