# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 26, 2012**
**Secretary of State**

DOCUMENT# P09000094396

**Entity Name:** ANESTHESIA BILLING SPECIALISTS OF FLORIDA INC.

**Current Principal Place of Business:**

1381 CITRUS TOWER BOULEVARD
SUITE 4
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

1381 CITRUS TOWER BOULEVARD
SUITE 4
CLERMONT, FL 34711 US

**New Mailing Address:**

**FEI Number: 27-1339941** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GHIVIZZANI, DAVID S
17137 MAGNOLIA ISLAND BLVD
CLERMONT, FL 34711 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: DPT
Name: HUGHES, JULIE H
Address: 11246 BRIDGE HOUSE ROAD
City-St-Zip: WINDERMERE, FL 34786 US

Title: DVS
Name: GHIVIZZANI, DAVID S
Address: 17137 MAGNOLIA ISLAND BLVD.
City-St-Zip: CLERMONT, FL 34711 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: JULIE H. HUGHES P 01/26/2012

Electronic Signature of Signing Officer or Director Date