2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2011
Secretary of State

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Entity Name: SUNSHINE ANESTHESIA OF SOUTHWEST FLORIDA, PA

Current Principal Place of Business:

5050 MASON CORBIN COURT
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

PO BOX 07207
MYERS, FL 33919

New Mailing Address:

FEI Number: 45-0991645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JUDD,ULRICH,SCARLETT,WICKMAN & DEAN, P.A.
2940 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239 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: MNGR
Name: LENTZ, JEFF M
Address: 15300 RIVER BY RD.
City-St-Zip: FORT MYERS, FL 33908 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: JEFF M LENTZ MNGR 03/23/2011

Electronic Signature of Signing Officer or Director Date