

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000012145

FILED
Apr 23, 2012
Secretary of State

Entity Name: ENDOSCOPIC ANESTHESIA GROUP, P.A.

Current Principal Place of Business:

1817 N MILLS AVE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1817 N MILLS AVE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 27-1874119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID L. SCHICK, ESQ.
301 E PINE STREET, SUITE 1400
ORLANDO, FL 32801 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: DP
Name: RUDERMAN, WILLIAM B M.D.
Address: 1817 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: DT
Name: LEVINE, HENRY M.D.
Address: 1817 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: DS
Name: MAYORAL, WILLIAM M.D.
Address: 1817 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: D
Name: ILAGAN, MARLON B M.D.
Address: 1817 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: D
Name: GIDAY, SAMUEL A
Address: 1817 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

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: WILLIAM B. RUDERMAN

D

04/23/2012

Electronic Signature of Signing Officer or Director

Date