2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

DOCUMENT# P10000030359

Entity Name: AAA ANESTHESIA PROVIDERS PA

Current Principal Place of Business:

7745 SW 86 ST.
UNIT D320
MIAMI, FL 33143

New Principal Place of Business:

7360 SW 130 ST.
PINECREST, FL 33156

Current Mailing Address:

7745 SW 86 ST.
UNIT D320
MIAMI, FL 33143

New Mailing Address:

7360 SW 130 ST.
PINECREST, FL 33156

FEI Number: 27-2296851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VERA, JASON E
7745 SW 86 ST.
APT #320
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

VERA, JASON E
7360 SW 130 ST.
PINECREST, FL 33156 US

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: JASON VERA 04/12/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: VERA, JASON E
Address: 7360 SW 130 ST.
City-St-Zip: PINECREST, FL 33156

Title: TRE.
Name: VERA, JASON E
Address: 7360 SW 130 ST.
City-St-Zip: PINECREST, FL 33156

Title: SEC.
Name: VERA, JASON E
Address: 7360 SW 130 ST.
City-St-Zip: PINECREST, FL 33156

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: JASON VERA PRES 04/12/2012
Electronic Signature of Signing Officer or Director Date