

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000034047

Entity Name: RZ ANESTHESIA,INC

**FILED**  
**Feb 05, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

9167 FONTAINEBLEAU BLVD  
APT # 15  
MIAMI, FL 33172

## **New Principal Place of Business:**

14297 SW 9 TER  
MIAMI, FL 33184

## **Current Mailing Address:**

9167 FONTAINEBLEAU BLVD  
APT # 15  
MIAMI, FL 33172

## **New Mailing Address:**

14297 SW 9 TER  
MIAMI, FL 33184

FEI Number: 27-2382384

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZUBIZARRETA, ROBERTO JR  
9167 FONTAINEBLEAU BLVD  
APTO # 15  
MIAMI, FL 33172 US

## **Name and Address of New Registered Agent:**

ZUBIZARRETA, ROBERTO JR  
14297 SW 9 TER  
MIAMI, FL 33184 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: ROBERTO ZUBIZARRETA

02/05/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: ZUBIZARRETA, ROBERTO JR  
Address: 14297 SW 9 TER  
City-St-Zip: MIAMI, FL 33184 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: ROBERTO ZUBIZARRETA

P

02/05/2012

Electronic Signature of Signing Officer or Director

Date