## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000050335

Entity Name: UNDERWOOD ANESTHESIA SERVICES, INC.

FILED Jan 13, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

110 WEST UNDERWOOD ST 110 WEST UNDERWOOD ST ORLANDO, FL 32806

SUITE B

ORLANDO, FL 32806

**Current Mailing Address: New Mailing Address:** 

110 WEST UNDERWOOD ST 110 WEST UNDERWOOD ST

ORLANDO, FL 32806 SUITE B

ORLANDO, FL 32806

FEI Number: 27-2853687 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

OAKLEY, DOUGLAS OAKLEY, DOUGLAS 110 WEŚT UNDERWOOD ST 110 WEST UNDERWOOD ST ORLANDO, FL 32806 SUITE B ORLANDO, FL 32806 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: 01/13/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

GALLAGHER, JOSEPH MD Name:

110 W UNDERWOOD STREET SUITE A Address:

City-St-Zip: ORLANDO, FL 32806 US

Title:

Name: FERRARA, ANDREA MD

110 W UNDERWOOD STREET SUITE A Address:

ORLANDO, FL 32806 US City-St-Zip:

Title:

WILLIAMSON, PAUL MD Name:

110 W UNDERWOOD STREET SUITE A Address:

City-St-Zip: ORLANDO, FL 32806 US

Title: VΡ

DEJESUS, SAMUEL MD Name:

Address: 110 W UNDERWOOD STREET SUITE A

City-St-Zip: ORLANDO, FL 32806 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: DOUGLAS OAKLEY MGR 01/13/2011