2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2011
Secretary of State

DOCUMENT# P10000066583

Entity Name: MOBILE ANESTHESIOLOGISTS OF FLORIDA, INC.

Current Principal Place of Business:

1007 TIVOLI DRIVE
NAPLES, FL 34104

New Principal Place of Business:

3894 MANNIX DRIVE
UNIT 206
NAPLES, FL 34114

Current Mailing Address:

1007 TIVOLI DRIVE
NAPLES, FL 34104

New Mailing Address:

3894 MANNIX DRIVE
UNIT 206
NAPLES, FL 34114

FEI Number: 27-3244522 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARLICK, THOMAS B
9115 CORSEA DEL FONTANA WAY, SUITE 100
NAPLES, FL 34109 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: D
Name: WOODRING, STEVEN F
Address: 1007 TIVOLI DRIVE
City-St-Zip: NAPLES, FL 34104

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: STEVEN F. WOODRING, D.O. P 01/13/2011

Electronic Signature of Signing Officer or Director Date