

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000071284

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** I-GAS ANESTESIOLOGY SERVICES, INC.

**Current Principal Place of Business:**

1167 MARY KATE DRIVE  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

1167 MARY KATE DRIVE  
GULF BREEZE, FL 32563 US

**Current Mailing Address:**

1167 MARY KATE DRIVE  
GULF BREEZE, FL 32563

**New Mailing Address:**

1167 MARY KATE DRIVE  
GULF BREEZE, FL 32563 US

**FEI Number:** 27-3352326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAIR, RAJENDRAN  
1167 MARY KATE DRIVE  
GULF BREEZE, FL 32563 US

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

NAIR, RAJENDRAN G MD  
1167 MARY KATE DRIVE  
GULF BREEZE, FL 32563 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: RAJENDRAN G. NAIR

04/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NAIR, RAJENDRAN G MD  
Address: 1167 MARY KATE DRIVE  
City-St-Zip: GULF BREEZE, FL 32563 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: RAJENDRAN G. NAIR

P

04/15/2011

Electronic Signature of Signing Officer or Director

Date