

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000104141

FILED
Apr 28, 2011
Secretary of State

Entity Name: FLORIDA SUNSHINE ANESTHESIA PROVIDERS, P.A.

Current Principal Place of Business:

6200 SOUTH SYRACUSE WAY, SUITE 200
GREENWOOD VILLAGE, CO 80111

New Principal Place of Business:

Current Mailing Address:

6200 SOUTH SYRACUSE WAY, SUITE 200
GREENWOOD VILLAGE, CO 80111

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: PDST
Name: HARTENBACH, WILLIAM M.D.
Address: 6200 SOUTH SYRACUSE WAY, SUITE 200
City-St-Zip: GREENWOOD VILLAGE, CO 80111

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: WILLIAM HARTENBACH, M.D. _____

PDST

04/28/2011

Electronic Signature of Signing Officer or Director

_____ Date