

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000035919

Entity Name: VASALLO ANESTHESIA INC

**FILED**  
**Mar 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8650 SW 109TH AVE  
UNIT 201  
MIAMI, FL 33173 US

**New Principal Place of Business:**

**Current Mailing Address:**

8650 SW 109TH AVE  
UNIT 201  
MIAMI, FL 33173 US

**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:**

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

GONZALEZ & DAUGHTERS PUBLIC ACCOUNTANTS  
11300 NW 87 CT  
STE 150  
HIALEAH GARDENS, FL 33018 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P, D  
Name: VASALLO, MIGUEL A  
Address: 8650 SW 109TH AVE UNIT 201  
City-St-Zip: MIAMI, FL 33173 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: MIGUEL VASALLO

P.D.

03/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date