

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000065967

Entity Name: PALMS ANESTHESIA, P.A.

FILED
Apr 11, 2012
Secretary of State

Current Principal Place of Business:

2711 MOSS OAK DRIVE
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

2711 MOSS OAK DRIVE
SARASOTA, FL 34231

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:

MOULDS, GAIL F
100 2ND AVENUE S
SUITE 902-S
ST PETERSBURG, FL 33701 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: PRES
Name: DAVID ROBINSON, M.D., P.A.
Address: 1501 PASADENA AVE,
City-St-Zip: ST. PETERSBURG, FL 33707

Title: VP
Name: JOZSEF FABIAN, M.D., P.A.
Address: 1501 PASADENA AVE,
City-St-Zip: ST. PETERSBURG, FL 33707

Title: SEC
Name: DARREN W. LEVERENZ, M.D., P.A.
Address: 1501 PASADENA AVE,
City-St-Zip: ST. PETERSBURG, FL 33707

Title: TREA
Name: ALAN MARK LEVINE, M.D., P.A.
Address: 1501 PASADENA AVE,
City-St-Zip: ST. PETERSBURG, FL 33707

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: JOZSEF FABIAN, M.D.

VP

04/11/2012

Electronic Signature of Signing Officer or Director

Date