

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000090015

FILED
Mar 07, 2012
Secretary of State

Entity Name: DREAMPORT ANESTHESIA INC.

Current Principal Place of Business:

608 BRIERCLIFF DR
ORLANDO, FL 32806

New Principal Place of Business:

1005 TWIN OAKS CIRCLE
OVIEDO, FL 32765

Current Mailing Address:

608 BRIERCLIFF DR
ORLANDO, FL 32806

New Mailing Address:

1005 TWIN OAKS CIRCLE
OVIEDO, FL 32765

FEI Number: 45-3588431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, WILLIAM JR
608 BRIERCLIFF DR
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

MILLS, WILLIAM JR
1005 TWIN OAKS CIRCLE
OVIEDO, FL 32765 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: WILLIAM MILLS JR

03/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MILLS, WILLIAM JR
Address: 1005 TWIN OAKS CIRCLE
City-St-Zip: OVIEDO, FL 32765

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 MILLS JR

MR

03/07/2012

Electronic Signature of Signing Officer or Director

Date