

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000092143

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** SANDESTIN ANESTHESIA, P.A.

**Current Principal Place of Business:**

2927 SAND PINE RD  
MIRAMAR BEACH, FL 32550

**New Principal Place of Business:**

252 PISCES DR  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

2927 SAND PINE RD  
MIRAMAR BEACH, FL 32550

**New Mailing Address:**

252 PISCES DR  
SANTA ROSA BEACH, FL 32459

**FEI Number:** 45-3727289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHIPMAN, GARY A  
60 CLAYTON LANE SUITE A  
SANTA ROSA BEACH, FL 32459 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: SPEEDLING, DIANE  
Address: 252 PISCES DR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: DIANE SPEEDLING

PRES

03/14/2012

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

\_\_\_\_\_  
Date