

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000092593

FILED
Aug 28, 2012
Secretary of State

Entity Name: MOBILE ANESTHESIA SOFT, INC.

Current Principal Place of Business:

4446-1A HENDRICKS AVE SUITE 138
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

4446-1A HENDRICKS AVE SUITE 138
JACKSONVILLE, FL 32207 US

New Mailing Address:

4446-1A HENDRICKS AVE SUITE 138
JACKSONVILLE, FL 32207

FEI Number: 45-3675318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PABALATE, DR. JONATHAN
4446-1A HENDRICKS AVE SUITE 138
JACKSONVILLE, FL 32207 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: PD
Name: PABALATE, DR. JONATHAN
Address: 4446-1A HENDRICKS AVE SUITE 138
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VD
Name: NAVETTA, DR. MARCO
Address: 634 CHELHAM WAY
City-St-Zip: SANTA BARBARA, CA 93108 US

Title: TD
Name: SUTTON, DR FRANK
Address: 155 S LEXINGTON AVE APT 301
City-St-Zip: ASHEVILLE, NC 28801 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: JONATHAN PABALATE

PD

08/28/2012

Electronic Signature of Signing Officer or Director

Date