2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# P11000096442

Entity Name: OUTPATIENT ANESTHESIA OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

3949 EVANS AVENUE, SUITE 102
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3949 EVANS AVENUE, SUITE 102
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 45-3750567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITESMAN, GUY E
1715 MONROE ST
FORT MYERS, FL 33901 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: MR.
Name: BISBEE, CHARLES A M.D.
Address: 3949 EVANS AVE, SUITE 102
City-St-Zip: FORT MYERS, FL 33901

Title: MR.
Name: SCHUCAVAGE, BERNARD M M.D.
Address: 3949 EVANS AVE, SUITE 102
City-St-Zip: FORT MYERS, FL 33901

Title: MR.
Name: TURNER, ROBERT M M.D.
Address: 3949 EVANS AVE, SUITE 102
City-St-Zip: FORT MYERS, FL 33901

Title: MR.
Name: HOMOLKA, CHARLES M JR.,MD
Address: 3949 EVANS AVE, SUITE 102
City-St-Zip: FORT MYERS, FL 33901

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: CHARLES A. BISBEE M.D. MR. 05/01/2012

Electronic Signature of Signing Officer or Director Date