

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000054846

FILED
Feb 17, 2010
Secretary of State

Entity Name: THE ANESTHESIA GROUP OF SARASOTA, P.A.

Current Principal Place of Business:

5560 BEE RIDGE ROAD
SUITE D-3
SARASOTA, FL 34233 US

New Principal Place of Business:

2653 STICKNEY POINT ROAD
SARASOTA, FL 34231 US

Current Mailing Address:

5560 BEE RIDGE ROAD
SUITE D-3
SARASOTA, FL 34233 US

New Mailing Address:

2653 STICKNEY POINT ROAD
SARASOTA, FL 34231 US

FEI Number: 65-0522437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLAU, KENNETH R MD
5560 BEE RIDGE ROAD, SUITE D-3
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

LEGARE, T K MD
2653 STICKNEY POINT ROAD
SARASOTA, FL 34231 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: T. KEITH LEGARE, MD

02/17/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DVP
Name: BLAU, KENNETH R MD
Address: 2653 STICKNEY ROAD
City-St-Zip: SARASOTA, FL 34231

Title: DT
Name: BRUKOFF, CHRISTOPHER D MD
Address: 2653 STICKNEY POINT ROAD
City-St-Zip: SARASOTA, FL 34231

Title: DP
Name: LEGARE, THOMAS K MD
Address: 2653 STICKNEY POINT ROAD
City-St-Zip: SARASOTA, FL 34231

Title: DS
Name: DLUNZNESKI, JOHN S MD
Address: 2653 STICKNEY POINT ROAD
City-St-Zip: SARASOTA, FL 34231

Title: DVP
Name: WEITZNER, H C MD
Address: 2653 STICKNEY POINT ROAD
City-St-Zip: SARASOTA, FL 34231

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: T. KEITH LEGARE, MD

DP

02/17/2010

Electronic Signature of Signing Officer or Director

Date