2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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

Current Principal Place of Business:

2653 STICKNEY POINT ROAD
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

2653 STICKNEY POINT ROAD
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 65-0522437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEGARE, T K MD
2653 STICKNEY POINT ROAD
SARASOTA, FL 34231 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: DT
Name: BLAU, KENNETH R MD
Address: 2653 STICKNEY ROAD
City-St-Zip: SARASOTA, FL 34231

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

Title: DVP
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: DP
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: H C WEITZNER DP 01/07/2011

Electronic Signature of Signing Officer or Director Date