

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000075810

Entity Name: C. R. ANESTHESIA, P.A.

FILED
Jul 24, 2009
Secretary of State**Current Principal Place of Business:**6201 N SUNCOAST BLVD
SEVEN RIVERS REGIONAL MED. CTR DEPT ANEST
CRYSTAL RIVER, FL 34428**New Principal Place of Business:****Current Mailing Address:**PO BOX 457
CRYSTAL RIVER, FL 344230451**New Mailing Address:**

FEI Number: 59-3208344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CALODNEY, LEONARD MD
6201 N SUNCOAST BLVD
SEVEN RIVERS REGIONAL MED CTR DEPT ANEST
CRYSTAL RIVER, FL 34428 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: DPT () Delete
Name: CALODNEY, LEONARD MD
Address: 6201 N SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34428Title: D () Delete
Name: BERGER, ROBERT M MD
Address: 6201 N. SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34428Title: D () Delete
Name: CHUNDURI, APARNA MD
Address: 6201 N. SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34428**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: YAVAS, SINAN MD
Address: 6201 N. SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34428Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LEONARD CALODNEY

DPT

07/24/2009

Electronic Signature of Signing Officer or Director

Date