

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000075810

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

FILED
Jan 08, 2012
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
Name: CALODNEY, LEONARD MD
Address: 6201 N SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D
Name: GOETHE, ROBERT MD
Address: 6201 N. SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D
Name: CHUNDURI, APARNA MD
Address: 6201 N. SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D
Name: RIEHN, DAVID MD
Address: 6201 N SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34428

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: LEONARD CALODNEY

DPT

01/08/2012

Electronic Signature of Signing Officer or Director

Date