

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000041606						Secretary of State	
1. Entity Name PELICAN ANESTHESIA, INC.							
Principal Place of Business 6171 MID METRO DR UNIT 2 FORT MYERS, FL 33912		Mailing Address 6171 MID METRO DR UNIT 2 FORT MYERS, FL 33912					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02232006 Chg-P		CR2E034 (11/05)	
City & State		City & State		4. FEI Number 65-0491008		☐ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DIGBY, EMILIE V 5463 HARBOUR CASTLE DR FORT MYERS, FL 33907				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D ☐ Delete			TITLE	☐ Change ☐ Addition		
NAME	DIABY, EMILIE			NAME	U00000507139		
STREET ADDRESS	5463 HARBOR CASTLE DR			STREET ADDRESS	04/27/06-80051-008 150.00		
CITY-ST-ZIP	FORT MYERS, FL 33907			CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
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CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____				4-11-06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			