

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000041606

Entity Name: PELICAN ANESTHESIA, INC.

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6241 ARC WAY  
FORT MYERS, FL 33966

**New Principal Place of Business:**

**Current Mailing Address:**

6241 ARC WAY  
UNIT 2  
FORT MYERS, FL 33966

**New Mailing Address:**

FEI Number: 65-0491008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIGBY, EMILIE V  
5463 HARBOUR CASTLE DR  
FORT MYERS, FL 33907 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: D  
Name: DIGBY, EMILIE  
Address: 5463 HARBOR CASTLE DR  
City-St-Zip: FORT MYERS, FL 33907

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: EMILIE DIGBY

OWNE

01/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date