

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000042607

FILED
Feb 10, 2009
Secretary of State

Entity Name: CENTRAL BREVARD ANESTHESIOLOGISTS, P.A.

Current Principal Place of Business:

110 LONGWOOD AVE
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 561420
ROCKLEDGE, FL 32956 US

New Mailing Address:

FEI Number: 59-3245868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ SHAW & SENTNER
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAUFMAN, MAURICE
Address: 918 VERSAILLES CT
City-St-Zip: MELBOURNE, FL 32940

Title: SD () Delete
Name: ORPHANOS, ANDREA
Address: 501 S ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: VD () Delete
Name: MANN, KARAMVIR
Address: 210 UTOPIA CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: MCMILLAN, DONALD
Address: 9850 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ORPHANOS, ANDREA MD
Address: 501 S. ATLANTIC AVE.
City-St-Zip: COCOA BEACH, FL 32931

Title: SD (X) Change () Addition
Name: FOSTER, ORVILLE MD
Address: 3557 CAPPIO DR.
City-St-Zip: MELBOURNE, FL 32940

Title: VD (X) Change () Addition
Name: MANN, KARAMVIR MD
Address: 210 UTOPIA CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD (X) Change () Addition
Name: MCMILLAN, DONALD MD
Address: 9850 S TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

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: ANDREA ORPHANOS, MD

PD

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date