

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000042607

FILED  
Mar 10, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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: ANDREA ORPHANOS

PD

03/10/2011

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

\_\_\_\_\_  
Date