2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# P94000045525

Entity Name: MOBILE ANESTHESIA ASSOCIATES, INC.

Current Principal Place of Business:

2101 PARK CENTER DR, SUITE 260
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2698
WINDERMERE, FL 34786 US

New Mailing Address:

2101 PARK CENTER DR.
SUITE #260
ORLANDO, FL 32835 US

FEI Number: 65-0499574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COEL, MARK A ESQ
ONE LINCOLN PLACE
1900 GLADES ROAD,SUITE 350
BOCA RATON, FL 334310000 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: PTD ( ) Delete
Name: RUDDY, M.D., PATRICK
Address: 712 HERITAGE DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: RUDDY, M.D., PATRICK
Address: 712 HERITAGE DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: RUDDY, M.D., PATRICK
Address: 325 AVENUE BNW
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Change ( ) Addition
Name: RUDDY, M.D., PATRICK
Address: 325 AVENUE BNW
City-St-Zip: WINTER HAVEN, FL 33884

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: PATRICK RUDDY D 03/03/2009

Electronic Signature of Signing Officer or Director Date