

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000087911

FILED
Apr 23, 2012
Secretary of State

Entity Name: MID-FLORIDA ANESTHESIA ASSOCIATES, INC.

Current Principal Place of Business:

2100 SE OCEAN BLVD
SUITE 100
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

C/O MEHLICH, ROEGIERS, GOLDEN & CO
701 COLORADO AVE
STUART, FL 34994

New Mailing Address:

C/O PAMELA J. BUMBERA
1874 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 M

FEI Number: 65-0542889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, MARC A ESQ
2100 SE OCEAN BLVD
SUITE 100
STUART, FL 34996 US

Name and Address of New Registered Agent:

LEVINE, MARC I
2100 SE OCEAN BLVD
SUITE 100
STUART, FL 34996 US

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: MARC I. LEVINE (CORRECTION ONLY)

04/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: LEVINE, MARC I
Address: 3500 SW CENTRE COURT
City-St-Zip: PALM CITY, FL 34990

Title: D
Name: ALVAREZ, RAMON
Address: 5716 WHIRLAWAY ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D
Name: BASTIAN, ROBERT
Address: 3225 SW BRAEMAR WAY
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: MARC I. LEVINE

PDT

04/23/2012

Electronic Signature of Signing Officer or Director

Date