

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000041011

FILED
Jan 23, 2008
Secretary of State

Entity Name: CUSTOM ANESTHESIA SERVICES, INC.

Current Principal Place of Business:

15342 BRIAR RIDGE CR.
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

15342 BRIAR RIDGE CIRCLE
FT. MYERS, FL 33912 US

New Mailing Address:

FEI Number: 65-0586710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS, FL 33901 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: STD () Delete
Name: JONES, KEVIN D
Address: 15342 BRIAR RIDGE CIRCLE
City-St-Zip: FT. MYERS, FL

Title: VD () Delete
Name: O'BRIEN, DAVID F
Address: 16051 BRIAR CLIFF LANE
City-St-Zip: FT. MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEVIN D. JONES

STD

01/23/2008

Electronic Signature of Signing Officer or Director

Date