

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000043441

FILED
Apr 30, 2008
Secretary of State

Entity Name: CENTRAL SPACE COAST ANESTHESIOLOGY, P.A.

Current Principal Place of Business:

CAPE CANAVERAL HOSPITAL
701 WEST COCOA BEACH CSWY
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 320069
COCOA BEACH, FL 327320040

New Mailing Address:

FEI Number: 59-3310967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VONDERHEIDE, CHRISTOPHER
25 BOUGAINVILLEA DRIVE
COCOA BEACH, FL 32931 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: AVP () Delete
Name: STATHIS, DEMETRIOS
Address: 489 SOUTH ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931

Title: ASD () Delete
Name: PRESTON, WILLIAM L
Address: 4297 CROOKED MILE ROAD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: 2VP () Delete
Name: FISK, JEFFREY B
Address: 475 RAMSEY LANE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: PD () Delete
Name: VONDERHEIDE, CHRISTOPHER
Address: 25 BOUGAINVILLEA DRIVE
City-St-Zip: COCOA BEACH, FL 32931

Title: 3VP () Delete
Name: NIMOCKS, JAMES A
Address: 4380 VIEWCREST DRIVE
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHRISTOPHER VONDERHEIDE, M.D.

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date