2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2011
Secretary of State

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Entity Name: FLORIDA ANESTHESIOLOGY & PAIN CLINIC, P.A.

Current Principal Place of Business:

2401 FRIST BLVD,SUITE 2
FORT PIERCE, FL 34950

New Principal Place of Business:

2201 S 25TH STREET
FORT PIERCE, FL 34947

Current Mailing Address:

748 LAKSIDE DRIVE
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-0657321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

XAVIER, RAVI M.D.
748 LAKSIDE DRIVE
NORTH PALM BEACH, FL 33408 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: PSTD
Name: XAVIER, RAVI M.D.
Address: 748 LAKSIDE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

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: RAVI XAVIER PSTD 01/15/2011

Electronic Signature of Signing Officer or Director Date