

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000026940

FILED
Apr 05, 2011
Secretary of State

Entity Name: ANESTHESIA PAIN CARE CONSULTANTS, INC.

Current Principal Place of Business:

7171 NORTH UNIVERSITY DRIVE
SUITE 300
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

7154 N UNIVERSITY DR
316
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 65-0652448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINBERG, STEVEN A ESQ.
7805 S.W. 6TH COURT
PLANTATION, FL 33324 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: PS
Name: FOX, IRA B
Address: 7154 N. UNIVERSITY RD #316
City-St-Zip: TAMARAC, FL 33321

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: IRA B. FOX

PS

04/05/2011

Electronic Signature of Signing Officer or Director

Date