

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000026940

FILED  
Apr 04, 2012  
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

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04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date