

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061142

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** PLEXIFLO / THE ANESTHESIA COMPANY, INC.

**Current Principal Place of Business:**

3031 RIVERLAND RD  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

1861 N FEDERAL HWY  
# 268  
HOLLYWOOD, FL 33020

**New Mailing Address:**

398 E. DANIA BEACH BLVD.  
# 208  
DANIA BEACH, FL 33004

**FEI Number:** 65-0769205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POLKINGHORN, JAMES C  
ONE FINANCIAL PLAZA STE 2300  
FT LAUDERDALE, FL 33019 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:** P  
**Name:** POLKINGHORN, BECKI  
**Address:** 398 E. DANIA BEACH BLVD., #208  
**City-St-Zip:** DANIA BEACH, FL 33004

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:** BECKI W. POLKINGHORN

PRES

02/22/2010

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

\_\_\_\_\_  
Date