2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2011
Secretary of State

DOCUMENT# P98000047640

Entity Name: COMPREHENSIVE ANESTHESIA, INC.

Current Principal Place of Business:

3760 NORTH 55TH AVENUE
HOLLYWOOD, FL 33021

New Principal Place of Business:

2 BRIARWOOD CIRCLE
113
HOLLYWOOD, FL 33024 US

Current Mailing Address:

3760 NORTH 55TH AVENUE
HOLLYWOOD, FL 33021

New Mailing Address:

2 BRIARWOOD CIRCLE
113
HOLLYWOOD, FL 33024 US

FEI Number: 65-0839926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVER, SUZANNE M
3760 NORTH 55 AVENUE
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

OLIVER, SUZANNE M
2 BRIARWOOD CIRCLE
113
HOLLYWOOD, FL 33024 US

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: SUZANNE M OLIVER 01/08/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PS
Name: OLIVER, SUZANNE
Address: 2 BRIARWOOD CIRCLE 113
City-St-Zip: HOLLYWOOD, FL 33024 US

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: SUZANNE M OLIVER PRES 01/08/2011
Electronic Signature of Signing Officer or Director Date