

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047640

FILED
Feb 10, 2012
Secretary of State

Entity Name: COMPREHENSIVE ANESTHESIA, INC.

Current Principal Place of Business:

2 BRIARWOOD CIRCLE
113
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

2 BRIARWOOD CIRCLE
113
HOLLYWOOD, FL 33024 US

New Mailing Address:

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

02/10/2012

Electronic Signature of Signing Officer or Director

Date