

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048259

FILED
Jan 28, 2008
Secretary of State

Entity Name: ANESTHESIA & PAIN CONSULTANTS, P.A.

Current Principal Place of Business:

7800 U.S. HIGHWAY 98 WEST
DESTIN, FL 32550 US

New Principal Place of Business:

7800 U.S. HIGHWAY 98 WEST
MIRAMAR BEACH, FL 32550 US

Current Mailing Address:

PO BOX 640
CRESTVIEW, FL 32536 US

New Mailing Address:

P.O. BOX 6074
MIRAMAR BEACH, FL 32550 US

FEI Number: 59-3513671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANALLEN, KARY L M.D
130 CAYMAN COVE
DESTIN, FL 32541 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: V () Delete
Name: VAN ALLEN, KARY L MD
Address: 130 CAYMAN COVE
City-St-Zip: DESTIN, FL 32541

Title: POC () Delete
Name: VANALLEN, KARY L M.D
Address: 130 CAYMAN COVE
City-St-Zip: DESTIN, FL 32541

Title: VTS () Delete
Name: SPEEDLING, DIANE D M.D
Address: 2927 SANDPINE RD
City-St-Zip: MIRAMAR BEACH, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KARY L. VANALLEN, M.D.

V

01/28/2008

Electronic Signature of Signing Officer or Director

Date