2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000007805

842 PALM OAK DRIVE

APOPKA, FL 32712 US

Address: City-St-Zip:

Entity Name: SUMMIT ANESTHESIOLOGY, INC.

FILED Sep 03, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
842 PALM APOPKA,	OAK DR		·	
Current Mailing Address:			New Mailing Address:	
P.O. BOX APOPKA,				
FEI Number	: 59-3554707	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
6052 PAS	, JOSEPH F ADENA POINT RT, FL 33707	BLVD. US		
	named entity s e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,
SIGNATUI	RE:			
	Electron	ic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financing	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MORGAN, JOS 6052 PASADEN GULFPORT, FL	IA POINT BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ASSALONE, FR 2105 PELICAN		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	SEC ()	Delete RYSTAL S	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: JOSEPH MORGAN PRES 09/03/2007