

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000057300

Entity Name: CENTER ANESTHESIA, INC.

FILED  
Apr 21, 2008  
Secretary of State

**Current Principal Place of Business:**

63 BARKLEY CIRCLE, SUITE 104  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**  
PO BOX 60074  
FORT MYERS, FL 33906

**New Mailing Address:**

FEI Number: 65-0929315      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHARMA, NEEKAYTAN M.D.  
63 BARKLEY CIRCLE, SUITE 104  
FORT MYERS, FL 33907 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 ( ) Delete  
Name: SHARMA, NEEKAYTAN M.D.  
Address: 10090 MCGREGOR BLVD.  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: NICK SHARMA

P

04/21/2008

Electronic Signature of Signing Officer or Director

Date