

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000057300

**Entity Name:** CENTER ANESTHESIA, INC.

**FILED**  
**Feb 04, 2011**  
**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHARMA, NEEKAYTAN M.D.  
Address: 10090 MCGREGOR BLVD.  
City-St-Zip: FORT MYERS, FL 33907

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: NEEKAYTAN SHARMA

Electronic Signature of Signing Officer or Director

P

02/04/2011

Date