

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000106501

FILED
Jul 02, 2008
Secretary of State

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

Current Principal Place of Business:

11861 GRAND ISLES LANE
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

6900-29 DANIELS PARKWAY, PMB 318
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 65-0965480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEJIAS, VIVIAN S
11861 GRAND ISLES LANE
FORT MYERS, FL 33913 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEJIAS, VIVIAN S MD
Address: 11861 GRAND ISLES LANE
City-St-Zip: FORT MYERS, FL 33913

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: VIVIAN S. MEJIAS, MD

PRES

07/02/2008

Electronic Signature of Signing Officer or Director

Date