2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

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Entity Name: SOUTH LAKE ANESTHESIA SERVICES, P.A.

Current Principal Place of Business:

1381 CITRUS TOWER BLVD., STE. 4
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

1381 CITRUS TOWER BLVD., STE. 4
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 59-3613830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GHIVIZZANI, DAVID S MD
1381 CITRUS TOWER BLVD., STE. 4
CLERMONT, FL 34711 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: DPT
Name: GHIVIZZANI, DAVID S MD
Address: 17137 MAGNOLIA ISLAND BLVD
City-St-Zip: CLERMONT, FL 34711

Title: DS
Name: HUGHES, JULIE H MD
Address: 11246 BRIDGE HOUSE ROAD
City-St-Zip: WINDERMERE, FL 34786

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: DAVID S GHIVIZZANI DPT 01/04/2011

Electronic Signature of Signing Officer or Director Date