


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90090 046 ***150.00

DOCUMENT # S36696	
1. Entity Name EAGLE-EYE ANESTHESIA, INC.	

Principal Place of Business 6005 POWERS AVENUE SUITE 104 JACKSONVILLE FL 32217 US	Mailing Address 6005 POWERS AVENUE SUITE 104 JACKSONVILLE FL 32217 US
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2. Principal Place of Business - No P.O. Box # Same as above	3. Mailing Address Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number 59-3058938		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ELEFANT, FRED 1650 PRUDENTIAL DRIVE SUITE 105 JACKSONVILLE FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS DECRAI, KENNETH J. 6005 POWERS AVENUE, SUITE 104 JACKSONVILLE FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Nancy Decray 6005 Powers Ave. Suite 104 Jacksonville, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Decray / Nancy Decray 2/28/07 (604) 739-4724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #