

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S36696

FILED
Feb 18, 2011
Secretary of State

Entity Name: EAGLE-EYE ANESTHESIA, INC.

Current Principal Place of Business:

6005 POWERS AVENUE
SUITE 104
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

6005 POWERS AVENUE
SUITE 104
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-3058938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELEFANT, FRED
1650 PRUDENTIAL DRIVE
SUITE 105
JACKSONVILLE, FL 32207 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: DPS
Name: DECRAY, KENNETH J.
Address: 6005 POWERS AVENUE, SUITE 104
City-St-Zip: JACKSONVILLE, FL 32217

Title: V
Name: DECRAY, NANCY
Address: 6005 POWERS AVE STE 104
City-St-Zip: JACKSONVILLE, FL 32217

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: NANCY DECRAY

VP

02/18/2011

Electronic Signature of Signing Officer or Director

Date