

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S62193

FILED
Jan 29, 2009
Secretary of State

Entity Name: BAYFRONT ANESTHESIA SERVICES, P.A.

Current Principal Place of Business:

3637 4TH ST. NORTH
SUITE 400
ST PETERSBURG, FL 33704 US

Current Mailing Address:

3637 4TH ST. NORTH
SUITE 400
ST PETERSBURG, FL 33704 US

FEI Number: 59-3072468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARDER, JEFFREY
3637 4TH STREET NORTH #400
ST PETERSBURG, FL 33704 US

New Principal Place of Business:

12225 28TH STREET NORTH
SUITE A
ST PETERSBURG, FL 33716 US

New Mailing Address:

12225 28TH STREET NORTH
SUITE A
ST PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

MARDER, JEFFREY
12225 28TH STREET NORTH
SUITE A
ST PETERSBURG, FL 33716 US

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:

01/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARDER, JEFFREY
Address: 998 LAKE PLACIDO CT. NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: D () Delete
Name: EVANS, BILL
Address: 390 4TH AVE NORTH
City-St-Zip: TERRA VERDE, FL 33715

Title: P () Delete
Name: LUDNER, CONFIDENT
Address: 1416 - 72ND AVE., N.E.
City-St-Zip: ST. PETERSBURG, FL

Title: D () Delete
Name: BOYAJIAN, JEOFFREY
Address: 2279 MERMAID POINT NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D () Delete
Name: LINN, GEORGE MD
Address: 3637 4TH STREET N. #400
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D () Delete
Name: WOODS, THOMAS M MD
Address: 3637 4TH STREET N. #400
City-St-Zip: SAINT PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEFFREY MARDER

D

01/29/2009

Electronic Signature of Signing Officer or Director

Date