# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 10, 2012**
**Secretary of State**

DOCUMENT# V52789

**Entity Name:** ANESTHESIA CONSULTANTS, P.A.

**Current Principal Place of Business:**

111 NATURE WALK PARKWAY
STE 102
ST AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 57100
JACKSONVILLE, FL 322417100 US

**New Mailing Address:**

**FEI Number: 59-3135486** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEBB'S BOOKKEEPING & ACCOUNTING, INC.
111 NATURE WALK PARKWAY
SUITE 102
ST. AUGUSTINE, FL 32092 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: TD
Name: WIDRICH, JASON
Address: P.O. BOX 57100
City-St-Zip: JACKSONVILLE, FL 32241

Title: PD
Name: MCGOUGH, EDWARD K
Address: P.O. BOX 57100
City-St-Zip: JACKSONVILLE, FL 32241

Title: SD
Name: WEST, AARON J
Address: P.O. BOX 57100
City-St-Zip: JACKSONVILLE, FL 32241

Title: VPD
Name: CARLSON, R. MICHAEL
Address: P.O. BOX 57100
City-St-Zip: JACKSONVILLE, FL 32241

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: CASEY WEBB RA 02/10/2012

Electronic Signature of Signing Officer or Director Date