

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045127

Entity Name: L.A.D. ANESTHESIA INC.

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

616 NARVAEZI ST.
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

2587 RINGLING BLVD
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 59-3716443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKENNEY, JOHN W JR
2587 RINGLING BLVD
SARASOTA, FL 34237 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: REYNOLDS, DEBORAH A
Address: 616 NARVAEZI STREET
City-St-Zip: VENICE, FL 34285 US

Title: S () Delete
Name: MCKENNEY, JOHN W JR
Address: 2587 RINGLING BLVD
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOHN W. MCKENNEY JR.

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01/05/2006

Electronic Signature of Signing Officer or Director

_____ Date