


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J61806</b> 1. Entity Name INTERNATIONAL ANESTHESIOLOGY ASSOCIATES, INC.	
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Principal Place of Business 1100 NW 95TH ST 2ND FLOOR MIAMI, FL 33150-2038	Mailing Address POST OFFICE BOX 530759 MIAMI, FL 33153
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01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2816117	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, LYNDALL  
 701 BRICKELL AVENUE  
 SUITE 3000  
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHOU, MICHAEL, MD 4245 LAKE ROAD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VENDRYES, CHRIS MD 14422 SW 92 COURT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DR. C. VENDRYES  1/18/06 (305) 6943775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #