


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000056450**  
 1. Entity Name  
**BAY ANESTHESIA, INCORPORATED**



Principal Place of Business      Mailing Address  
 12900 CORTEZ BLVD                      12900 CORTEZ BLVD  
 SUITE 204                                      SUITE 204  
 BROOKSVILLE, FL 34613                      BROOKSVILLE, FL 34613

**DO NOT WRITE IN THIS SPACE**



02142004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3660965      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 REHEEM, M ALLAN  
 12900 CORTEZ BLVD  
 STE 204  
 BROOKSVILLE, FL 34613

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

1100000099348  
 03/31/04 80002 097 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REHEEM, M. ALLAN
STREET ADDRESS	12900 CORTEZ BLVD STE 104
CITY - ST - ZIP	BROOKSVILLE, FL 34613
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *x M. Allan*      *3/26/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #