


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000056450
 1. Entity Name
BAY ANESTHESIA, INCORPORATED



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|--|--|
| Principal Place of Business 12900 CORTEZ BLVD SUITE 204 BROOKSVILLE, FL 34613 | Mailing Address 12900 CORTEZ BLVD SUITE 204 BROOKSVILLE, FL 34613 |
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01212006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3660965 | Applied For 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

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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 _____
Signature, typed or printed name of registered agent and file if applicable

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

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

SIGNATURE: M. Allan Reheem + 2/7/06 +
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #