

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90391 037 \*\*\*158.75

**DOCUMENT # P01000081639**

1. Entity Name  
**ANESTHESIA COMPREHENSIVE SERVICES, PA**



Principal Place of Business      Mailing Address  
**13717 SW 14 ST**                      **13717 SW 14 ST**  
**MIAMI, FL 33184**                      **MIAMI, FL 33184**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country

40070000



04282006      Chg-P      CR2E034 (11/05)

4. FEI Number                      Applied For  
**65-1139527**                      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MORALES AGUILAR, FRANKLIN J M.D.**  
**13717 SW 14 ST**  
**MIAMI, FL 33184**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City    **FL**      Zip Code

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, 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	DP	<input type="checkbox"/> Delete
NAME	MORALES AGUILAR, FRANKLIN J M.D.	
STREET ADDRESS	13717 SW 14 ST	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MORALES, ANA C	
STREET ADDRESS	13717 SW 14 ST	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** FRANKLIN J MORALES MD.      **4-28-06**      **305-552 9896**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #