2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042897

Entity Name: FLORIDA WEST ANESTHESIA, INC.

FILED Aug 23, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2689 HARVEST RD SARASOTA, FL 34240 **Current Mailing Address: New Mailing Address:** P O BOX 5993 SARASOTA, FL 34277 FEI Number: 86-1105670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARVEY, WILLIAM 2689 HARVEST RD SARASOTA, FL 34240 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PRFS () Change (X) Addition HARVEY, WILLIAM PRES Name: Name:

2689 HARVEST ROAD Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34240 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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: WILLIAM HARVEY **PRES** 08/23/2005