
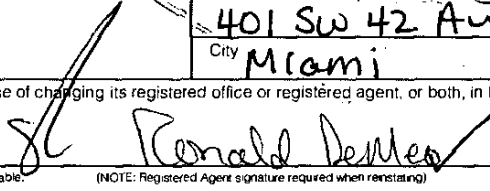
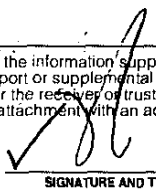


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90025 017 ***150.00

DOCUMENT # P96000094644 1. Entity Name SURFSIDE ANESTHESIA SERVICES, INC.			
Principal Place of Business 150 SW 12TH AVENUE SUITE 480 POMPANO BEACH, FL 33069		Mailing Address P.O. BOX 21026 FT LAUDERDALE, FL 33355	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FREUND, IRWIN B 10729 SW 104TH STREET MIAMI, FL 33176		Name Ronald F. DeMeo Street Address (P.O. Box Number is Not Acceptable) 401 Sw 42 Ave City Miami FL Zip Code 33134	
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 1-29-04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DEMEO, RONALD F 2474 S.W. 27TH TERRACE MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DeMeo, Ronald F 401 Sw 42 Ave Miami, FL 33134
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		DATE 1-29-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	