

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000022169

FILED  
Feb 07, 2005  
Secretary of State

Entity Name: BOCA RATON ANESTHESIA GROUP, P.A.

**Current Principal Place of Business:**

40 NE 2ND AVE  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

40 NE 2ND AVE  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

FEI Number: 65-0880028      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TURNOFF, BYRON  
40 NE 2ND AVE  
DEERFIELD BEACH, FL 33441      US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WEISBERG, RONALD  
Address: 40 N.E. 2ND AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Delete  
Name: FRANKLE, ALLAN  
Address: 40 NE 2ND AVE  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: ST ( ) Delete  
Name: FOGEZ, DAVID  
Address: 40 NE 2ND AVE  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: DVP ( ) Delete  
Name: GARCIA-DONTA, FERNANDO  
Address: 40 NE 2ND AVE  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: DVP ( ) Delete  
Name: MILSTEIN, STEVEN  
Address: 40 NE 2ND AVE  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Delete  
Name: CASTENHOLZ, RAYMOND H  
Address: 40 NE 2ND AVE  
City-St-Zip: DEERFIELD BEACH, FL 33441

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Statutes. 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: MILSTEIN, STEVEN

DVP

02/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date