

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90171 004 ***150.00

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DOCUMENT # P98000048259

1. Entity Name
ANESTHESIA & PAIN CONSULTANTS, P.A.



Principal Place of Business
**634 RIVERWOOD DRIVE
 CRESTVIEW, FL 32536**

Mailing Address
**P.O. BOX 640
 CRESTVIEW, FL 32536**

2. Principal Place of Business
7800 U.S. Hwy 98 West

3. Mailing Address
7800 U.S. Hwy 98 West

Suite, Apt. #, etc.

City & State
Destin, FL

City & State
Destin, FL

Zip
32550

Country
U.S.

Zip
32550

Country
U.S.



01032006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3513671

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRIS, DANIEL G DO
 6330 AUGUSTA COVE
 DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name
VanAllen, Kary L. M.D.

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

City
Destin

State
FL

Zip Code
32541

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: *Kary L. VanAllen M.D.* DATE: 01-03-06

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	P	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, DANIEL G DO	
STREET ADDRESS	6330 AUGUSTA COVE	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	V	<input type="checkbox"/> Delete
NAME	VAN ALLEN, KARY MD	
STREET ADDRESS	130 CAYMAN COVE	
CITY-ST-ZIP	DESTIN, FL 32541	
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	P/D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kary L. VanAllen, M.D.	
STREET ADDRESS	130 Cayman Cove	
CITY-ST-ZIP	Destin, FL 32541	
TITLE	V/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane D. Speedling, M.D.	
STREET ADDRESS	2996 Scenic Hwy 980 E. Unit 605	
CITY-ST-ZIP	Destin, FL 32541	
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: *Kary L. VanAllen M.D.* DATE: 01-03-06 DAYTIME PHONE #: 850-865-2498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR