

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**10074440**

<b>DOCUMENT # P99000021129</b> 1. Entity Name <b>INTERCOASTAL ANESTHESIA, INC.</b>																																					
Principal Place of Business <b>7591 WENTWORTH DRIVE                  LAKE WORTH, FL 33467</b>		Mailing Address <b>7591 WENTWORTH DRIVE                  LAKE WORTH, FL 33467</b>																																			
2. Principal Place of Business	3. Mailing Address																																				
Suite, Apt. #, etc.	Suite, Apt. #, etc.																																				
City & State	City & State																																				
Zip	Country	Zip Country																																			
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																																			
<b>MOSHER, JEANNE                  7591 WENTWORTH DR.                  LAKE WORTH, FL 33467</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requesting.)</small>																																					
10. <b>OFFICERS AND DIRECTORS</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> <b>P                              MOSHER, JEANNE E                              7591 WENTWORTH DR.                              LAKE WORTH, FL 33467</b> </td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	TITLE	<b>P                              MOSHER, JEANNE E                              7591 WENTWORTH DR.                              LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Delete	11. <b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE	<b>P                              MOSHER, JEANNE E                              7591 WENTWORTH DR.                              LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Delete																																			
NAME		<input type="checkbox"/> Delete																																			
STREET ADDRESS		<input type="checkbox"/> Delete																																			
CITY-ST-ZIP		<input type="checkbox"/> Delete																																			
TITLE		<input type="checkbox"/> Delete																																			
NAME		<input type="checkbox"/> Delete																																			
STREET ADDRESS		<input type="checkbox"/> Delete																																			
CITY-ST-ZIP		<input type="checkbox"/> Delete																																			
TITLE		<input type="checkbox"/> Delete																																			
NAME		<input type="checkbox"/> Delete																																			
STREET ADDRESS		<input type="checkbox"/> Delete																																			
CITY-ST-ZIP		<input type="checkbox"/> Delete																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CRE034 (1/02)												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																			
CITY-ST-ZIP		<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)(1), 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: <u>Jeanne Mosher</u> <u>Jeanne Mosher</u> <u>4/15/03</u> <u>561 967-3659</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					