

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 20, 2006
Secretary of State**

DOCUMENT# P99000101241

Entity Name: METRO ANESTHESIOLOGY CONSULTANTS, P.A.

Current Principal Place of Business:

6001 WEBB ROAD
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

6001 WEBB ROAD
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 59-3608944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITTLE, MICHAEL G
911 CHESTNUT STREET
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

LITTLE, MICHAEL G ESQ.
911 CHESTNUT STREET
CLEARWATER, FL 33756 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: MICHAEL G. LITTLE 12/20/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHENG, KOON-LIM M.D.
Address: 6001 WEBB ROAD
City-St-Zip: TAMPA, FL 33615

Title: DVST () Delete
Name: NENINGER, CELESTINO M.D.
Address: 6001 WEBB ROAD
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: CHENG, KOON-LIM M.D.
Address: 6001 WEBB ROAD
City-St-Zip: TAMPA, FL 33615 US

Title: PSTD (X) Change () Addition
Name: NENINGER, CELESTINO M.D.
Address: 6001 WEBB ROAD
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CELESTINO NENINGER, M.D. PSTD 12/20/2006
Electronic Signature of Signing Officer or Director Date