

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53890

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: VANGUARD ANESTHESIA ASSOCIATES, P.A.

**Current Principal Place of Business:**

5355 TOWN CENTER ROAD, SUITE #1002  
SUITE 405  
BOCA RATON, FL 33486 US

**Current Mailing Address:**

P.O. BOX 810967  
BOCA RATON, FL 334810967 US

**New Principal Place of Business:**

5355 TOWN CENTER ROAD  
SUITE 405  
BOCA RATON, FL 33486 US

**New Mailing Address:**

FEI Number: 65-0268157      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

KRUGMAN, RICHARD S  
5355 TOWN CENTER ROAD, SUITE #1002  
SUITE 405  
BOCA RATON, FL 33486 US

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

KRUGMAN, RICHARD S MD  
5355 TOWN CENTER ROAD  
SUITE 405  
BOCA RATON, FL 33486 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: RICHARD S. KRUGMAN, M.D.

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: KRUGMAN, RICHARD S. M  
Address: 5355 TOWN CENTER ROAD SUITE 405  
City-St-Zip: BOCA RATON, FL 33486

Title: VPS ( ) Delete  
Name: GIORDANO, TAMARA B  
Address: 5355 TOWN CENTER ROAD, SUITE 405  
City-St-Zip: BOCA RATON, FL 33846

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

Title: CEO (X) Change ( ) Addition  
Name: KRUGMAN, RICHARD S MD  
Address: 5355 TOWN CENTER ROAD SUITE 405  
City-St-Zip: BOCA RATON, FL 33486

Title: VPS (X) Change ( ) Addition  
Name: GIORDANO, TAMARA B  
Address: 5355 TOWN CENTER ROAD, SUITE 405  
City-St-Zip: BOCA RATON, FL 33846

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: TAMARA B. GIORDANO

VPS

04/28/2004

Electronic Signature of Signing Officer or Director

Date