
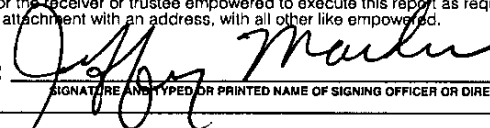


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90023 009 ***158.75

DOCUMENT # S62193			
1. Entity Name BAYFRONT ANESTHESIA SERVICES, P.A.			
Principal Place of Business 3637 4TH ST. NORTH SUITE 400 ST PETERSBURG, FL 33704 US		Mailing Address 3637 4TH ST. NORTH SUITE 400 ST PETERSBURG, FL 33704 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARDER, JEFFREY 3637 4TH STREET NORTH #400 ST PETERSBURG, FL 33704		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARDER, JEFFREY	NAME	BOYAJIAN, JEOFFREY
STREET ADDRESS	998 LAKE PLACIDO CT. NE	STREET ADDRESS	2279 MERMAID POINT N.E
CITY-ST-ZIP	ST PETERSBURG, FL 33703	CITY-ST-ZIP	ST. PETERSBURG FL 33703
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERARD, TORTORICE	NAME	
STREET ADDRESS	127 BAYPOINT DR NE	STREET ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, BILL	NAME	
STREET ADDRESS	390 4TH AVE NORTH	STREET ADDRESS	
CITY-ST-ZIP	TERRA VERDE, FL 33715	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUDNER, CONFIDENT	NAME	
STREET ADDRESS	1416 - 72ND AVE., N.E.	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date: 1/6/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 727-823 2188	

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4. FEI Number 59-3072468 Applied For Not Applicable

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