


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90022 042 ***150.00

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 - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

1st MOORE CR2E034 (10/07)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3072468 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MARDER, JEFFREY
 3637 4TH STREET NORTH #400
 ST PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

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 _____
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, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARDER, JEFFREY 998 LAKE PLACIDO CT. NE ST PETERSBURG FL 33703 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EVANS, BILL 390 4TH AVE NORTH TERRA VERDE FL 33715 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LUDNER, CONFIDENT 1416 - 72ND AVE., N.E. ST. PETERSBURG FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOYAJIAN, JEOFFREY 2279 MERMAID POINT NE SAINT PETERSBURG FL 33703 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director George Linn MD 3637 4th Street N. #400 St. Petersburg, FL 33704 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Thomas Michael Woods MD 3637 4th Street N. #400 St. Petersburg, FL 33704 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director James Murphy MD 3637 4th Street N. #400 St. Petersburg, FL 33704 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS 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 exemptions contained in Section 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: *Bill Evans* ✓ Director ✓ 2-8-08 ✓ 27-521-0644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Daytime Phone #