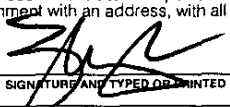


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90172 039 ***150.00

DOCUMENT # 600144 1. Entity Name ANESTHESIA PROFESSIONAL ASSOCIATION, INC.					
Principal Place of Business 200 S. BISCATNE BLVD 6TH FLOOR MIAMI, FL 33131 US			Mailing Address 200 S. BISCATNE BLVD 6TH FLOOR MIAMI, FL 33131 US		
2. Principal Place of Business 515 East Las Olas Boulevard Suite, Apt. #, etc. Fifteenth Floor City & State Ft. Lauderdale, FL Zip 33301-2281		3. Mailing Address 515 East Las Olas Boulevard Suite, Apt. #, etc. Fifteenth Floor City & State Ft. Lauderdale, FL Zip 33301-2281			
4. FEI Number 59-0970932		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCNERNEY, MICHAEL BRINKLEY, MCNERNEY, MORGAN, SOLOMON 200 E LAS OLAS, STE 1900 FT. LAUDERDALE, FL 33301			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	S IANNUCCILLO, BRETT 5300 NW 33 AVE 204 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOLAN, GERARD MD 5300 NW 33 AVE 204 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, RAMÓN MD 5300 NW 33 AVE 204 FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENEGAKIS, ZACHARY 200 E LAS OLAS BLVD SUITE 1800 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARI, ALFREDO 5300 NW 33 AVE 204 FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENWICK, MARTIN MD 5300 NW 33 AVE 204 FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete			
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:  Z MENEGAKIS TREASURER 4/29/04 1-954 712-7049					