



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 516838</b> 1. Entity Name BAY ANESTHESIA ASSOCIATES, INC.			
Principal Place of Business 3024 4TH STREET MARIANNA, FL 32446		Mailing Address 3024 4TH STREET MARIANNA, FL 32446	
<b>DO NOT WRITE IN THIS SPACE</b>		 01312005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1703303	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  GREEN, H. G 4837 CLINTON STREET MARIANNA, FL 32446		<b>DO NOT WRITE IN THIS SPACE</b>	
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: <u>Stephen Rogers, Pres.</u> (NOTE: Registered Agent signature required when registering) <u>3/15/05</u> DATE			
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		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERS, STEPHEN 3024 4TH STREET MARIANNA, FL 32446		
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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: <u>Stephen Rogers</u> <u>3/15/05</u> <u>850-488-7200</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			