

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 537334

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: BREVARD ANESTHESIA SERVICES, P.A.

## Current Principal Place of Business:

1304 OAK ST  
MELBOURNE, FL 32901

## New Principal Place of Business:

## Current Mailing Address:

1304 OAK ST  
MELBOURNE, FL 32901

## New Mailing Address:

FEI Number: 59-1755503      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACOBSON, MATTHEW W  
1304 OAK ST  
MELBOURNE, FL 32901

## Name and Address of New Registered Agent:

SCHRADER, KEITH J  
1304 OAK ST  
MELBOURNE, FL 32901

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: KEITH J. SCHRADER, M.D.

01/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JACOBSON, MATTHEW W  
Address: 1304 OAK STREET  
City-St-Zip: MELBOURNE, FL 32901

Title: V ( ) Delete  
Name: GOLDBERG, STEPHEN E  
Address: 1304 OAK STREET  
City-St-Zip: MELBOURNE, FL 32901

Title: C ( ) Delete  
Name: SALTZMAN, LYLE S  
Address: 1304 OAK STREET  
City-St-Zip: MELBOURNE, FL 32901

Title: VC ( ) Delete  
Name: SCHRADER, KEITH J  
Address: 1304 OAK ST  
City-St-Zip: MELBOURNE, FL 32901

Title: ST ( ) Delete  
Name: LINDSEY, JOHN E JR.  
Address: 1304 OAK ST  
City-St-Zip: MELBOURNE, FL 32901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SCHRADER, KEITH J MD  
Address: 1304 OAK STREET  
City-St-Zip: MELBOURNE, FL 32901

Title: VPRES (X) Change ( ) Addition  
Name: ROST, JEFFREY A MD  
Address: 1304 OAK STREET  
City-St-Zip: MELBOURNE, FL 32901

Title: CHAI (X) Change ( ) Addition  
Name: SALTZMAN, LYLE S MD  
Address: 1304 OAK STREET  
City-St-Zip: MELBOURNE, FL 32901

Title: VC (X) Change ( ) Addition  
Name: CAMPS, MARIO A MD  
Address: 1304 OAK ST  
City-St-Zip: MELBOURNE, FL 32901

Title: ST (X) Change ( ) Addition  
Name: ZIPPER, KIM E MD  
Address: 1304 OAK ST  
City-St-Zip: MELBOURNE, FL 32901

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: KEITH J SCHRADER, MD

PRES

01/05/2004

Electronic Signature of Signing Officer or Director

Date