

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 537334  
 1. Entity Name  
 BREVARD ANESTHESIA SERVICES, P.A.



Principal Place of Business      Mailing Address  
 1304 OAK ST      1304 OAK ST  
 MELBOURNE, FL 32901      MELBOURNE, FL 32901

**DO NOT WRITE IN THIS SPACE**

01042005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-1755503      Not Applicable

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

6. Name and Address of Current Registered Agent

SCHRADER, KEITH J  
 1304 OAK ST  
 MELBOURNE, FL 32901

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	SCHRADER, KEITH J MD
STREET ADDRESS	1304 OAK STREET
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	VPRE
NAME	ROST, JEFFREY A MD
STREET ADDRESS	1304 OAK STREET
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	CHAI
NAME	SALTZMAN, LYLE S MD
STREET ADDRESS	1304 OAK STREET
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	VC
NAME	CAMPS, MARIO A MD
STREET ADDRESS	1304 OAK ST
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	ST
NAME	ZIPPER, KIM E MD
STREET ADDRESS	1304 OAK ST
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/10/05-80088-019 150.00

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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: Keith J. Schrader      January 4, 2005      (321)723-4723  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
 Keith J. Schrader, M.D., President