

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 537334

FILED
Jan 04, 2008
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:

SCHRADER, KEITH J
1304 OAK ST
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

CAMPS, MARIO A MD
1304 OAK ST
MELBOURNE, FL 32901 US

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: MARIO A. CAMPS, MD 01/04/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

Title: ST () Delete
Name: ABAD, FERNANDO O MD
Address: 1304 OAK ST
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: GOTAY, RICARDO M MD
Address: 1304 OAK ST
City-St-Zip: MELBOURNE, FL 32901

Title: ST (X) Change () Addition
Name: ROST, JEFFREY A 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 exemption stated in Chapter 119, 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: MARIO A. CAMPS, MD PRES 01/04/2008
Electronic Signature of Signing Officer or Director Date