

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 537334

FILED  
Jan 13, 2009  
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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

Title: VPRES ( ) Delete  
Name: SCHRADER, KEITH J 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: GOTAY, RICARDO M MD  
Address: 1304 OAK ST  
City-St-Zip: MELBOURNE, FL 32901

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: LYLE S. SALTZMAN, MD

CHAI

01/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date