

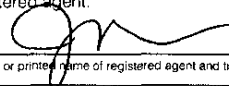
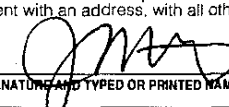


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90013 021 \*\*\*150.00

<b>DOCUMENT # 572146</b> 1. Entity Name <b>CURRENT REVIEWS FOR NURSE ANESTHETISTS, INC.</b>					
Principal Place of Business <b>7480 FAIRWAY DR, STE 106 MIAMI LAKES, FL 33014</b>			Mailing Address <b>7480 FAIRWAY DR, STE 106 MIAMI LAKES, FL 33014</b>		
2. Principal Place of Business <b>1828 SE First Avenue</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>1828 SE First Avenue</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Ft. Lauderdale, FL</b>		City & State <b>Ft. Lauderdale, FL</b>		4. FEI Number <b>59-1821258</b>	
Zip <b>33316</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MOYA, FRANK 7480 FAIRWAY DR MIAMI LAKES, FL 33014</b>			7. Name and Address of New Registered Agent Name <b>Frank Moya</b> Street Address (P.O. Box Number is Not Acceptable) <b>1320 S. Dixie Highway</b> <b>Ste. 1060</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33146</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  DATE <b>3/17/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOYA, FRANK 7480 FAIRWAY DR MIAMI LAKES, FL 00000.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1320 S. Dixie Hwy, Ste. 1060 Coral Gables, FL 33146</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCNULTY, JOAN 7480 FAIRWAY DR MIAMI LAKES, FL 00000.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1828 SE First Avenue Ft. Lauderdale, FL 33316</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LICHTIGER, MONTE 7480 FAIRWAY DRIVE, SUITE 106 MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1320 S. Dixie Hwy, Ste. 1060 Coral Gables, FL 33146</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 		<b>Joan McNulty</b>		<b>3/17/04 (954) 763-8003</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					