

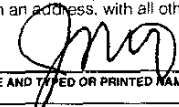


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-05-2004 90013 016 ***150.00

DOCUMENT # 594033 1. Entity Name CURRENT REVIEWS FOR PERIANESTHESIA NURSES, INC.					
Principal Place of Business SUITE 106 7480 FAIRWAY DR MIAMI, FL 33014			Mailing Address SUITE 106 7480 FAIRWAY DR MIAMI, FL 33014		
2. Principal Place of Business 1828 SE First Avenue <small>Suite, Apt. #, etc.</small>			3. Mailing Address 1828 SE First Avenue <small>Suite, Apt. #, etc.</small>		
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		4. FEI Number 59-1872598	
Zip 33316		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOYA, FRANK 7480 FAIRWAY DR., SUITE 106 MAIMI, FL 33014				7. Name and Address of New Registered Agent Name Frank Moya Street Address (P.O. Box Number is Not Acceptable) 1320 S. Dixie Highway Ste. 1060 City Coral Gables FL Zip Code 33146	
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 3/17/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
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, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1320 S. Dixie Hwy, Ste. 1060 Coral Gables, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCNULTY, JOAN 7480 FAIRWAY DR MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1828 SE First Avenue Ft. Lauderdale, FL 33316
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	
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 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joan McNulty		
DATE 3/17/04			DAYTIME PHONE # (954) 763-8003		

54026335



03032004 Chg-P CR2E034 (10/03)