

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 599244

**FILED  
Jul 27, 2005  
Secretary of State**

**Entity Name:** GENERAL ANESTHESIA SERVICES, INC.

**Current Principal Place of Business:**

5975 SW 8TH ST  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1628  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 59-1912525      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PINO, VICENTE  
5975 SW 8TH ST  
MIAMI, FL 33144      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: PD      ( ) Delete  
Name: PINO, VICENTE T PRESIDE  
Address: 5975 SW 8TH ST  
City-St-Zip: MIAMI, FL 33144

Title: T      ( ) Delete  
Name: RIESCO, MARLENE TREASSU  
Address: PO BOX 1628  
City-St-Zip: MIAMI, FL 33144

Title: S      ( ) Delete  
Name: PINO, TOMAS SECRETA  
Address: PO BOX 1628  
City-St-Zip: MIAMI, FL 33144

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: V. PINO

PRES

07/27/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date