
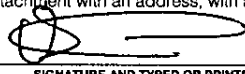


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90020 013 \*\*\*150.00

DOCUMENT # 600008			
1. Entity Name ANESTHESIA ASSOCIATES OF GREATER MIAMI, P.A.			
Principal Place of Business 6200 SW 73RD STREET SOUTH MIAMI, FL 33143 US		Mailing Address 8301 NW 197 ST MIAMI, FL 33015 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEISTER, MICHAEL 8301 NW 197 ST MIAMI, FL 33015		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signatures, 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</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	V SCHRIER, HARRY B. 7390 S.W. 153RD ST. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZIP 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLOCK, JEFFREY S 7299 SW 79 CT MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZIP 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURNS, STEVEN 8301 NW 197 ST MIAMI, FL 33015 <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	V CANNING, HILLARY A 10300 SW 56 AVE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZIP 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARKAS, JEREMY A 12075 SW 71 CT MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZIP 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEISTER, MICHAEL 8301 NW 197TH STREET MIAMI, FL <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: 		NICK PALERMO, M.D. - TREASURER 3/1/04 786 6628192	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

54016838



02182004 Chg-P CR2E034 (10/03)

4. FEI Number 59-0944132 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Attachment

54016838

#600008

V  
**Escorcia Eduardo**  
137 Morningside Drive  
Miami FL 33133

V  
**Farah Jorge**  
3621 N. Prospect Drive  
Miami FL 33133

V  
**Frank Simon**  
11400 S.W. 94th Avenue  
Miami FL 33176

V  
**Marshall Arthur**  
8301 NW 197TH ST  
Miami FL 33015

T  
**Palermo Nick**  
11251 S.W. 82nd Place  
Miami FL 33156

V  
**Pol Guillermo**  
329 Campana Avenue  
Coral Gables FL 33156

V  
**Richardo Ruben**  
5161 COLLINS AVE. #1701  
MIAMI BEACH FL 33140

V  
**Ruan Juan E.**  
5086 NW 114TH PATH  
MIAMI FL 33178

V  
**Zayden Graciela**  
10825 S.W. 135th Terrace  
Miami FL 33176

V  
**Zayed-Moustafa M Hatem**  
650 WEST AVE #1409  
MIAMI BEACH FL 33139

V  
**Zeichner Steven**  
10621 S.W. 76th Avenue  
Miami FL 33156