2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# 694680

Entity Name: PROFESSIONAL ANESTHESIA ASSOCIATES, INC.

Current Principal Place of Business:

3001 ALOMA AVE
SUITE 211
WINTER PARK, FL 32792 US

New Principal Place of Business:

2975 SHINGLE CREEK CT
KISSIMMEE, FL 34746 US

Current Mailing Address:

P.O. BOX 421383
KISSIMMEE, FL 34742 US

New Mailing Address:

FEI Number: 59-2102362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUICK, BARBARA
2975 SHINGLE CREEK CT
KISSIMMEE, FL 34746 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: DV ( ) Delete
Name: CHAMBERLAIN, WILLIAM
Address: 2004 PALM VISTA DR
City-St-Zip: APOPKA, FL 32712 US

Title: DPT ( ) Delete
Name: QUICK, BARBARA
Address: 2975 SHINGLE CREEK CT.
City-St-Zip: KISSIMMEE, FL 34746 US

Title: DS ( ) Delete
Name: PATT, ROBERT
Address: 1437 VICTORIA BLVD
City-St-Zip: ROCKLEDGE, FL 32955 US

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: BARBARA QUICK PRES 01/04/2005

Electronic Signature of Signing Officer or Director Date